FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] Bergman Rick | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>SYNAPTICS INC</u> [SYNA] | | | | | | | | | 5. Relationship of Reporting Pe (Check all applicable) X Director | | | | ssuer wner |
|--|--|--|------------------------|--|----------------------------------|--|--------|--|--|---|--|---|-----------------------------------|---------------------------------------|---|--|-----------------------------|---|--|
| (Last) | (Fi | irst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2013 | | | | | | | | X | Office below | er (give title /) | | Other (below) | specify | | |
| 3120 SC | | | | | | | | | | | President and CEO | | | | | | | | |
| | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) SANTA CLARA CA 95054 | | | | | | | | | | | | | | Line) X | X Form filed by One Reporting Person | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Perso | 'n | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | | Execution Date, | | | | | irities Acquired (and Of (D) (Instr. 3 | | | 5. Amo Securit Benefic Owned | ties Fo cially (D I Ind | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amoun | t (A) or P | | ice | Report Transa | ollowing eported ransaction(s) nstr. 3 and 4) | | tr. 4) | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transact Code (In 8) | ion of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of D Si | Price ferivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | piration te | Title | Amou or Numb of Share | er | | | | | |
| Employee Stock Option (Right to Buy) | \$35.76 | 01/28/2013 | | | A | | 18,750 | | (1) | 01 | /28/2020 | Common Stock | 18,7: | 50 | \$0.00 | 18,750 | | D | |

Explanation of Responses:

1. 1/36th of the total number of shares subject to the option shall vest and become exercisable on the 28th day of each month following the date of grant until fully vested on January 28, 2016.

Kermit Nolan, as attorney-infact 01/29/2013

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.