Edgar Filing: SYNOPSYS INC - Form 4

SYNOPSYS IN	С									
Form 4										
June 10, 2016	-									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
					shington, D.C. 20549				Number:	3235-0287
Check this bo)X								Expires:	January 31,
if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNER				ERSHIP OF	Estimated a	2005 verage
Section 16.					SECURITIES				burden hours per	
Form 4 or Form 5	Filed pu	rsuant to S	Section 1	6(a) of the	ne Secur	ities 1	Exchange	Act of 1934,	response	0.5
obligations	Section 170						•	1935 or Section		
may continue See Instruction				•	•	-	ct of 1940			
1(b).										
(Print or Type Resp	oonses)									
CASTINO ALFRED Symbol			1				5. Relationship of Reporting Person(s) to Issuer			
			•	PSYS INC [SNPS]				(Check all applicable)		
(Last)	(First) (Middle)	3. Date o	f Earliest T	ransaction	l		(Check	an applicable)
690 EAST MIDDLEFIELD ROAD (Month/E) 06/09/2			Day/Year)			-	_X_ Director10% Owner			
			2016				Officer (give title Other (specify below) below)			
			endment, Date Original				6. Individual or Joint/Group Filing(Check			
			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAIN VIEW CA 94043 — Form filed by						Form filed by Mo Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu		ired, Disposed of,	or Beneficial	y Owned
1.Title of 2. T	Fransaction Date	2A. Deem	ed	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of
-	onth/Day/Year)	Execution	Date, if	Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities	Ownership	Indirect
(Instr. 3)		any (Month/D	ay/Year)					Beneficially Owned	Form: Direct (D)	Beneficial Ownership
										(Instr. 4)
						(A)		Reported Transaction(s)	(1) (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,	
Common				0000 1	mount		\$			
Common 06, Stock	/09/2016			S	5,000	D	53.2372 (1)	37,982	D	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other			
CASTINO ALFRED 690 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х						
Signatures							
By: POA pursuant Mary Lai For: Al Castino	fred	06/10/2016					
<u>**</u> Signature of Reporting Person		Date					

Explanation of Responses:

* 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).

Represents a weighted average sale price per share. These shares were sold in multiple transactions at prices ranging from \$53.21 to \$53.24. The Reporting Person has provided to the Issuer, and undertakes to provide to the staff of the Securities and Exchange

(1) S5.24. The Reporting Ferson has provided to the issuer, and undertakes to provide to the start of the securities and Exchange Commission or any security holder of the Issuer, upon request, full information regarding the number of shares purchased at each separate price within the range.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.