Edgar Filing: SYNOPSYS INC - Form 4

SYNOPSYS Form 4	S INC											
May 20, 201										PROVAL		
FORM		ITIES AND EXCHANGE COMMISSION nington, D.C. 20549					3235-0287					
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(h) of the Investment Company Act of 1940										
(Print or Type	Responses)											
CHAN CHI-FOON Symbol				er Name and Ticker or Trading PSYS INC [SNPS]				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
			of Earliest Transaction /Day/Year) /2016				X Director 10% Owner X Officer (give title Other (specify below) below) Co-CEO & President					
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
MOUNTA	IN VIEW, CA 940	043						Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D:	Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispos (Instr. 3,	sed of	5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/20/2016			S <u>(1)</u>	2,000	D	\$ 49.6525 (2)	195,935	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. Transac Code (Instr. 8	5. etionNumbe of B) Derival Securit Acquir (A) or Dispose of (D) (Instr. 2 4, and 2	(Month/Day ive ies ed ed	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code	V (A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CHAN CHI-FOON 690 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х	Co-CEO & President						
Signatures								
By: POA pursuant Christina Escalante-Dutra For: Chi-Foon Chan 05/20/2016								
<u>**</u> Signature of Reporting	Date	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).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

Represents a weighted average sale price per share. These shares were sold in multiple transactions at prices ranging from \$49.10 to \$49.99. The Reporting Person has provided to the Issuer, and undertakes to provide to the staff of the Securities and Exchange

(2) 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.