## Edgar Filing: SYNOPSYS INC - Form 4

SYNOPSYS	INC												
Form 4													
March 30, 20	16												
FORM	<b>4 INTE</b>		SECUD		• •	ID EVC	<b>TTA</b>		COMMISSION		PPROVAL		
	UNITE	DSIALE		hington				NGE	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	ər									Expires:	January 31, 2005		
subject to	subject to STATEMENT OF CHANG								NERSHIP OF	Estimated a			
Section 16		SECURITIES								burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response 0.5			
obligation	~ <b>^</b>								of 1935 or Section	n			
may conti	nue.		of the Inv	•		•	- ·			11			
See Instru- 1(b).	ction	50(II)	of the my	estinent	ιC	Joinpany	y met	0117	-10				
1(0).													
(Print or Type R	esponses)												
						5. Relationship of Issuer	of Reporting Person(s) to						
COLEMAN DEBORAH A Symbol									155001				
SYNC			SYNOP	NOPSYS INC [SNPS]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of		rar	nsaction							
				Aonth/Day/Year) 3/29/2016					X_ Director 10% Owner Officer (give title Other (specify				
			03/29/20						below)	below)			
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
									_X_ Form filed by 0 Form filed by N	One Reporting Pe Iore than One Re			
MOUNTAIN	VIEW, CA 9	94043							Person	fore than one ra	porting		
(City)	(State)	(Zip)	Table	e I - Non-l	Dei	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	emed	ned 3. 4. Securities					5. Amount of	6. Ownership	p 7. Nature of			
Security	(Month/Day/Ye	on Date, if							Form: Direct	Indirect			
(Instr. 3)		CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					•		Beneficial Ownership				
	Fo Re				5)		(Instr. 4)	(Instr. 4)					
					Reported	ed							
							or		Transaction(s) (Instr. 3 and 4)				
				Code V	V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	03/29/2016(1	.)		A <u>(2)</u>		2,589	А	\$0	48,019	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exer Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(	any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title Amount or Number of Shares		

## **Reporting Owners**

**Reporting Owner Name / Address** 

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
COLEMAN DEBORAH A 690 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х			
Signatures				
By: POA pursuant Christina Escalan Coleman	03/30/2016			
<u>**</u> Signature of Reporting F	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).

Relationships

Each Annual Award granted to an Eligible Director in the form of Restricted Stock shall vest and the Corporation's repurchase rights shall(1) lapse in a series of three (3) successive equal annual installments as such individual continues in Board service from the grant date of that Annual Award through the dates immediately preceding each of the first three (3) Annual Meetings following the grant date.

(2) Automatic award under Synopsys 2005 Non-Employee Directors Equity Incentive Plan

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.

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