Edgar Filing: SYNOPSYS INC - Form 4

| SYNOPSYS I | NC | | | | | | | | | | |
|---------------------------|-------------------|--------------------|--------------|-------------------|------|------------------------|--------|---------|---|------------------------|-------------------------|
| Form 4 | | | | | | | | | | | |
| May 24, 2005 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | | PPROVAL |
| | UNITE | D STATES | | | | ND EXC D.C. 205 | | NGE (| COMMISSION | OMB Number: | 3235-0287 |
| Check this if no longe | r | | | | | | | | | Expires: | January 31, |
| subject to | * STATI | EMENT O | F CHAN | | | | CIAI | LOW | NERSHIP OF | Estimated a | 2005 average |
| Section 16 | | | | SECU | Rľ | TIES | | | | burden hou | |
| Form 4 or Form 5 | | | ~ • • | | | ~ | - | | | response | 0.5 |
| obligations | | | | | | | | | ge Act of 1934, | | |
| may contir | | | | • | | • | - · | | f 1935 or Sectio | n | |
| See Instruc | tion | 30(h) | of the Inv | vestmen | it C | Company | y Act | of 19 | 40 | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| JI. | I the second | | | | | | | | | | |
| 1. Name and Ad | dress of Reportin | ng Person <u>*</u> | 2. Issuer | Name an | ıd T | Ticker or T | Fradin | g | 5. Relationship of | f Reporting Per | son(s) to |
| COLEMAN | DEBORAH A | A | Symbol | | | | | 0 | Issuer | | |
| | | | SYNOP | SYS IN | IC | [SNPS] | | | | | 、 、 |
| (Last) | (First) | (Middle) | 3. Date of | Farliest 7 | Trar | saction | | | (Chec | ck all applicable | e) |
| () | () | () | (Month/Da | | 1141 | isuction | | | X Director | 10% | o Owner |
| 700 EAST M | IDDLEFIELI | D ROAD | 05/23/20 | - | | | | | Officer (give | | er (specify |
| | | | | | | | | | below) | below) | |
| | (Street) | | 4. If Amer | | | Original | | | 6. Individual or Jo | oint/Group Filin | ng(Check |
| | | | Filed(Mon | th/Day/Ye | ar) | | | | Applicable Line) _X_ Form filed by (| One Reporting P | reon |
| MOUNTAIN | VIEW CA | 0/0/3 | | | | | | | | Aore than One Re | |
| MOUNTAIN | | 74043 | | | | | | | Person | | |
| (City) | (State) | (Zip) | Table | e I - Non- | -De | rivative S | ecuri | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned |
| 1.Title of | 2. Transaction I | | | 3. | | 4. Securi | | | 5. Amount of | - | 7. Nature of |
| Security | (Month/Day/Ye | | on Date, if | | | nAcquired | | | | Form: Direct | Indirect |
| (Instr. 3) | | any (Month | /Day/Year) | Code (Instr. 8 | | Disposed (Instr. 3, | | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership |
| | | (Wonth | (Duy) I cui) | (msu. c | ,, | (1150.5, | i una | 5) | Following | (Instr. 4) | (Instr. 4) |
| | | | | | | | (A) | | Reported | | |
| | | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | |
| | | | | Code | V | Amount | (D) | Price | (insu: 5 and 4) | | |
| Common Stock | 05/23/2005 | | | А | | 7,010 | А | \$0 | 10,410 | 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)

Reporting Owners

Reporting Owner Name / Address

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

1. Title of

Security

(Instr. 3)

Derivative

2.

Conversion

or Exercise

Derivative

Price of

Security

| Reporting Owner Name / Autress | | | | |
|---|-----------|-----------|---------|-----------|
| | Director | 10% Owner | Officer | Other |
| COLEMAN DEBORAH A 700 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043 | Х | | | |
| Signatures | | | | |
| By: Stephen Buckhout pursuant to Pe Coleman | OA For: I | Debi | C | 5/24/2005 |
| <u>**</u> Signature of Reporting Pers | son | | | Date |
| Explanation of Resp | neog | 2- | | |

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

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.

| Reporting Owners |
|------------------|
|------------------|

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Code

(Instr. 8)

4.

Execution Date, if

(Month/Day/Year)

5.

of

Derivative

Securities

Acquired

Disposed

(Instr. 3, 4, and 5)

(A) or

of (D)

TransactionNumber

8. Price of 9. Nt Derivative Deriv Security Secu (Instr. 5) Bene Own Follo Repo Trans

(Insti

Code V (A) (D) Date Expiration Title Amount Exercisable Date or Number of Shares

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Securities