Edgar Filing: SHEVICK STEVEN K - Form 4

SHEVICK S	STEVEN K												
Form 4													
March 01, 20	005												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL			
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check th				U						Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN				LOWN	NERSHIP OF		2005		
Section 1				SEC	CURITIES					Estimated average burden hours per			
Form 4 o	or								response				
Form 5	Filed p	pursuant to	Section 1	6(a) of	f the	e Securiti	ies E	xchange	e Act of 1934,				
obligatio may cont				•		•	· ·		1935 or Section	1			
See Instr 1(b).		30(h) of the In	vestme	ent	Compan	y Act	t of 194	0				
(Print or Type I	Responses)												
											<i>.</i>		
	Address of Reporti	ng Person <u>*</u>		r Name	and	Ticker or '	Fradir	ıg	5. Relationship of Issuer	f Reporting Person(s) to			
SHEVICK	SIEVENK		Symbol						155001				
SYNOP				PSYS INC [SNPS]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	of Earliest Transaction									
				th/Day/Year)					Director 10% Owner				
700 EAST MIDDLEFIELD ROAD 02/28/20				3/2005					XOfficer (give titleOther (specify below) below)				
									· ·	VP & CFO			
	(Street)		4. If Ame	ndment	. Dat	e Original			6. Individual or Jo	int/Group Filin	g(Check		
				Ionth/Day/Year)					Applicable Line)				
				·					_X_ Form filed by C				
MOUNTAI	N VIEW, CA	94043							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.		4. Securit			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Ye	on Date, if Transaction(A) or Disposed of (D)						Securities	Ownership	Indirect			
(Instr. 3)		any (Month	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership		
(Month/Day/Y			(Day/Teal)	(msu.	8)				Following	Indirect (I)	(Instr. 4)		
							()		Reported	(Instr. 4)			
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	02/28/2005			J (1)	V	449	A	\$ 13.43	9,875	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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	Relationships							
	Director	10% Owner	Officer	Other				
SHEVICK STEVEN K 700 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043			Sr VP & C	FO				
Signatures								
By: Stephen Buckhout pursuant to Pe Shevick	03/01/2005							
<u>**</u> Signature of Reporting P		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) Acquisition of stock under Synopsys, Inc Employee Stock Purchase 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.