Edgar Filing: Garcia Robert - Form 4

Garcia Robert

Form 4 July 28, 2017											
FORM		STATES					IGE (COMMISSION		PPROVAL 3235-0287	
Check thi if no long subject to	er STATEM	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Section 1 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. r Filed purs inue. Section 17(a	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 30(h) of the Investment Company Act of 1940								average Irs per 0.5	
(Print or Type R	Responses)										
5			2. Issuer Name and Ticker or Trading Symbol SYNCHRONOSS					5. Relationship of Reporting Person(s) to Issuer			
					S INC [S	NCR	.]	(Chec	Check all applicable)		
(Last) (First) (Middle) 200 CROSSING BOULEVARD								· · · · · · · · · · · · · · · · · · ·	ive title 10% Owner Other (specify below) resident and COO		
				f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BRIDGEWA	ATER, NJ 08807							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any			4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			SecuritiesBeneficiallyOwnedFollowingReported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	05/06/0015			Code V	Amount 39,500	or (D)	Price	Transaction(s) (Instr. 3 and 4)	2		
Stock	07/26/2017			Μ	(1)	А	\$0	148,937	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	ddress	Relationships							
	Director	10% Owner	Officer	Other					
Garcia Robert 200 CROSSING BOULE BRIDGEWATER, NJ 088			President and COO						
Signatures									
/s/ Robert Garcia	07/28/2017								
<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).

The shares shall vest upon the earlier of (i) an Involuntary Termination, (ii) the 12 month anniversary of a Change of Control of the Company (unless the acquirer does not assume, continue, convert or replace the shares, in which case the shares shall vest upon a Change of Control) or (iii) 24 months from the grant date provided, in each case, the Reporting Person is continuously employed by the Company

(1) through such date, as the case may be. If at any time prior to the 24 month anniversary of the Effective Date, the volume-weighted average of the Company's Common Stock closing price for 20 consecutive trading days (i) exceeds \$30, the number of shares that will vest upon the vesting date shall be 125% of the above amount and (ii) exceeds \$35, the number of shares that will vest upon the vesting date shall be 150% of the above amount.

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.