Edgar Filing: CHIZEN BRUCE R - Form 4

CHIZEN BRU	UCE R												
Form 4													
April 23, 200	8												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL		
								OMB Number:	3235-0287				
Check this if no longe							Expires:	January 31,					
subject to	STATE	EMENT O	F CHAN	GES IN BENEFICIAL OWNERS SECURITIES					NERSHIP OF	Estimated a	2005 average		
Section 16										burden hou	•		
Form 4 or			~		~		_			response	0.5		
Form 5 obligation	~ ^							-	ge Act of 1934,				
may contin <i>See</i> Instruct 1(b).	nue. Section 1		of the Inv						f 1935 or Sectio 40	n			
(Print or Type R	esponses)												
CHIZEN BRUCE R Symbol				uer Name and Ticker or Trading 1 DPSYS INC [SNPS]					5. Relationship of Reporting Person(s) to Issuer				
						-			(Check all applicable)				
() () () () () () () () () ()				Date of Earliest Transaction Ionth/Day/Year)					_X_ Director 10% Owner				
700 EAST MIDDLEFIELD ROAD 04/21/2				-					Officer (give title Other (specify below) below)				
	(Street)		4. If Amer	ndment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(M				(Month/Day/Year)					Applicable Line)				
MOUNTAIN	NVIEW, CA 9	94043							_X_ Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-I	Derivat	tive S	ecurit	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	emed on Date, if /Day/Year)	3. Transact Code (Instr. 8) Code V	ionAcq Disţ) (Ins	posed tr. 3, 4	(A) o of (D)	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	0.1.0.1.0000000000000000000000000000000									-			
Stock	04/21/2008(1)	<u>)</u>		A <u>(2)</u>	5,5	04	A	\$0	22,956	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)	 6. Date Exercis 7. Constraints 7. Constrain		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative D Security Security Security Security Security Security O (Instr. 5) B O Fecurity R R T	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)) Date Exercisable	Expiration Date	or Ni of	r Iumber		

Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
CHIZEN BRUCE R 700 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х							
Signatures								
By: Stephen Buckhout pursuant to P Chizen	Bruce R		04/23/2008					
<u>**</u> Signature of Reporting Pe			Date					
Explanation of Respo	onses	S :						

- * 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).

Deletionshin

- The award vests, and the Company's repurchase right lapses, in thirty-six (36) successive equal installments for each month the Director (1) continues in Board service from the grant date through the third (3rd) anniversary of 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.