Check this box Section 16. For

obligations may Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------|--|
| m 4 or Form 5 | |
| continue See | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Prague Ronald | | | | | <u>SY</u> | 2. Issuer Name and Ticker or Trading Symbol SYNCHRONOSS TECHNOLOGIES INC [SNCR] | | | | | | | | | heck all ap Dire | tionship of Reportir all applicable) Director Officer (give title below) | | 10% C | wner (specify |
|--|--|------|------------------------------|---------|--|---|--|---|---------|--|---------|------------|---|---|--|--|---|-------|------------------|
| (Last) (First) (Middle) 200 CROSSING BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2017 | | | | | | | | | | General | l Counse | , | |
| (Street) BRIDGEWATER NJ 08807 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | uritie | s Ac | quired, | Dis | posed o | f, or I | 3ene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | | d Secur Benef Owne | 5. Amount of Securities Beneficially Owned Following Reported | | rship rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (C | a) or)) | Price | Trans | action(s) 3 and 4) | | | (mour 4) |
| Common Stock 07/ | | | | 07/26 | 5/2017 | 2017 | | A | | 27,500 | (1) A | | \$0 | \$0 85,401 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares | | unt ber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. 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 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 150% of the above amount.

Remarks:

/s/ Ronald J. Prague

07/28/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.