Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

| Name and Address of Reporting Person* Waldis Stephen G | | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNCHRONOSS TECHNOLOGIES INC SNCR | | | | | | | | | k all app Direc | utionship of Reporting all applicable) Director Officer (give title | | 10% Ov | vner |
|--|--|---|------------|---|--|---|--------|--|-----------------------|---------------------------------------|---|--------|-------------------------------------|--|--|--|--|--|------|
| (Last) 200 CRC | Last) (First) (Middle) 200 CROSSING BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2023 | | | | | | | | X | belov | below) Executive | | Other (specify below) Chairman | |
| (Street) BRIDGEWATER NJ 08807 (City) (State) (Zip) | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | Benef | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execu //Year) if any | | Deemed cution Date, ny nth/Day/Year) | | | | s Acquired (A) If (D) (Instr. 3, 4 | | | 5. Amo Securi Benefi Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code V Amount (A) or (D) | | | | or P | rice | Transa | ansaction(s) str. 3 and 4) | | | (Instr. 4) | | | |
| Common | Common Stock 03/28 | | | 03/28/2 | 023 | | A | | 162,200 ⁽¹ | l) <i>A</i> | 1 4 | 0.95 | 911,546 | | | 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) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De Se (In | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Shares of restricted stock granted pursuant to the Company's 2015 Equity Incentive Plan. All shares shall vest on April 26, 2024, provided the Reporting Person completes continuous service.

Remarks:

/s/ Stephen G. Waldis

04/14/2023

** Signature of Reporting Person

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.