Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.C. 20049

<b>STATEMENT</b>	OF CHANGES II	N BENEFICIAL	<b>OWNERSHIP</b>

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

OMB APPROVAL								
OMB Number: 3235-0287								
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				C	r Secti	on 30(n)	or the	investmen	t Cor	npany Act o	of 1940						
1. Name and Address of Reporting Person*  HOFFMAN CHARLES E					2. Issuer Name <b>and</b> Ticker or Trading Symbol SYNCHRONOSS TECHNOLOGIES INC SNCR							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HOFFMAN CHARLES E			SI	7							X Director			10% Ow	ner		
					-	•							Officer below)	(give title		Other (s below)	pecify
(Last)	`	irst)	(Middle)	3.	Date o	of Earliest	Tran	saction (Mo	nth/E	Day/Year)			below)			below)	
750 ROU	JTE 202			06	5/20/2	006		•		, ,							
SUITE 6	600			<u> </u>													
				4.	If Ame	endment,	Date	of Original I	Filed	(Month/Day	y/Year)	6. In Line	dividual or J	oint/Group	Filing	(Check App	licable
(Street)														led by One	Repo	rting Person	
BRIDGE	EWATER N	J	08807											•		One Report	
													Person				9
(City)	(S	itate)	(Zip)														
		Tal	ole I - Non-D	)erivativ	re Se	curitie	ςΔα	rauired	Dis	nosed o	f or Ber	eficiall	v Owned				
					_					_	-		1				
Date				Execution Date,			Code (Instr. 5)			d (A) or r. 3, 4 and	5. Amour Securitie	s Form		: Direct I	7. Nature of ndirect		
			onth/Day/\								Beneficia Owned F				Beneficial Ownership		
							•	·   ·			(A) or	$\overline{}$	Reported Transact		., .	. (	Instr. 4)
								Code	V	Amount	(D)	Price	(Instr. 3 a				
			Table II - De	rivative	Sec	urities	Acc	uired. D	ispe	osed of.	or Bene	ficially	Owned				
								s, option				-					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numl	ber	6. Date Ex	ercisa	able and	7. Title an	d Amount	8. Price of	9. Number	r of	10.	11. Nature
Derivative Security	Conversion or Exercise		Execution Date		saction of e (Instr. Derivative		ivo	Expiration Date ve (Month/Day/Yea			of Securit Underlyin		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of		(MOIIII/Day/Tear)	(Month/Day/Yea		` Securities		Derivative Section (Instr. 3 and 4)			Security	(Instr. 5)	Beneficially		Direct (D)	Ownership		
Derivative Security						Acquired (A) or				nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed of (D) (Instr.									Reported Transaction(s)			
					3, 4 and 5)								(Instr. 4)				
												Amount					
												or Number					
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisabl		Expiration Date	Title	of Shares					
Stock						<del>                                     </del>	1		$\dashv$								
Option	\$8	06/20/2006		A		25,000		06/20/2007	(1)	06/20/2016	Common	25,000	\$0.00	25,000		D	
(Right to Buy)									- 1		Stock						

## **Explanation of Responses:**

1. The option shall become exercisable with respect to the first 33 percent of the shares subject to the option when the Reporting Person completes 12 months of continuous service after 6-20-2006. The option shall become exercisable with respect to an additional 1/36th of the shares subject to the Option when the Reporting Person completes each month of continuous service thereafter.

## Remarks:

/s/ Charles E. Hoffman

12/26/2006

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.