### Edgar Filing: LAROCQUE PETER - Form 4

#### LAROCQUE PETER

Form 4

September 22, 2009

Check this box

if no longer

Section 16.

subject to

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

Expires:

5 Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person \*

09/21/2009

Stock

LAROCQUE PETER			Symbol	2. Issuer Name and Ticker or Trading Symbol SYNNEX CORP [SNX]				Issuer				
			SYNN	EX CORF	'[SNX]			(Check all applicable)				
	(Last)	(First) (I	Middle) 3. Date	3. Date of Earliest Transaction								
	44201 NOBI	EL DRIVE	`	(Month/Day/Year) 09/21/2009				Director 10% OwnerX Officer (give title Other (specify below) President, U.S. Distribution				
(Street)			4. If An	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	EDEMONT	CA 04529	Filed(M	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FREMONT, CA 94538								Person				
	(City)	(State)	(Zip) Tal	ole I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
	1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
	Security	• •	Execution Date, if	* * * * * * * * * * * * * * * * * * * *								
	(Instr. 3)		any (Month/Day/Year	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
			(Wionan Bay) Tear	(msu. o)				Following	(Instr. 4)	(Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
	Common	00/21/2000		E	626	D	\$	20 244	D			

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

F

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

28,344

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

626

D

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	er Expiration Date		Amount of	Derivative	Deriv	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired	cquired					Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, )						
									Amount		
						Date	Expiration Date		or		
						Exercisable		Title	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LAROCQUE PETER 44201 NOBEL DRIVE FREMONT, CA 94538

President, U.S. Distribution

## **Signatures**

/s/ Simon Y. Leung, Attorney-in-Fact 09/22/2009

\*\*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).

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.

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