

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | ol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------|-------------------------------------|----------|---|-----------------|--|---------|--|--|--------------------|---|---|---|------------|---|---|--|
| Alsborg Thomas | | | | | SYNNEX CORP [SNX] | | | | | | | | | | , | | | |
| (Last) | (First) |) (M | (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director 10% Owner X Officer (give title below) Other (specify below) | | | | |
| 44201 NOBEL DRIVE | | | | | 10/3/2011 | | | | | | | | C | Chief Financial Officer | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | YY) 6 | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| FREMONT, CA 94538 (City) (State) (Zip) | | | | | | | | | | | | - | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | . Trans. Da | E | 2A. Deemed Execution Date, if any | | 3. Trans. Coo (Instr. 8) | le | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | | | Foll | mount of Securit owing Reported tr. 3 and 4) | ties Beneficially Owned Transaction(s) | | Ownership Form: Direct (D) | Beneficial Ownership | |
| | | | | | | | | Code | V | Amoun | (A) or (D) | Price | e | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 10/3/2011 | | | 1 F 221 D \$25.27 23897 | | | | | D | | | | | | | | | | |
| | Tabl | le II - Der | ivative S | Securiti | es Be | enefic | ially (| Owned (| e.g. | , puts, | calls, wa | arrar | nts, op | tions, conve | rtible sec | urities) | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | n Date | 3A. Deen Execution Date, if a | n (Insti | | De Ac Dis | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date | | | | nderlying Derivative Security Security | | derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Cod | de | V | (A) | (D) | Date Exe | e rcisable | Expiration Date | Title | Amoun | t or Number of | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

Reporting Owners

| Panarting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Alsborg Thomas | | | | | | | |
| 44201 NOBEL DRIVE | | | Chief Financial Officer | | | | |
| FREMONT, CA 94538 | | | | | | | |

Signatures

| /s/ Simon Y. Leung, Attorney-in-Fact | 10/4/2011 |
|--------------------------------------|-----------|
| ** 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 control number.