FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person*  SYNNEX CORP  2. Date of Event Requiring Statement (Month/Day/Year)  11/06/2020				statement /Year)	3. Issuer Name and Ticker or Trading Symbol  Concentrix Corp [ CNXC ]							
(Last) 44201 NOB	(First) EL DRIVE	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)  Director X  Officer (give title below)	10% C	,	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street) FREMONT CA		94538	=			below						
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				i	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					2,000	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Security Underlying Derivative Security (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
I I'		Date Exercisable	Expiration Date	Title	Amount or Derivat Securit Number of Shares		ve or Indirect		5)			

**Explanation of Responses:** 

Remarks:

/s/ Simon Y. Leung, Senior

Vice President, General

Counsel and Corporate

Secretary for SYNNEX

Corporation

\*\* Signature of Reporting

erson

e of Reporting Date

11/06/2020

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).