FORM 4

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

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

| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|------------------|--|---|--|--|--|-----|--|---|---|--------------------|---|---|--|--|---|--|---|--|
| NAYLOR JEFFREY G | | | | | | | | | | | | X | Director | | | 10% Ov | vner | | | |
| | | | | | | | | | | | | | | | Officer (g below) | Officer (give title | | Other (s | specify | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | below) | | | below) | | | |
| C/O SYNCHRONY FINANCIAL | | | | | 09/30/2015 | | | | | | | | | | | | | | | |
| 777 LONG RIDGE ROAD | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| STAMFORD CT 06902 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Perso | | | | |
| | | | | | | | | | | | | Form filed | d by More | than Oi | ne Reportin | g Person | | | | |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | |) or 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (mou. 4) | |
| Common Stock 09/3 | | | | | 30/201 | 15 | | | A | | 879(1 | 9 ⁽¹⁾ A | | \$31.3 | 24,6 | 4,668 | | 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 curity (Instr. 3) or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Dat if any (Month/Day/Ye | ate, Transaction Code (Instr. | | | 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) | | 7. Title and Amou Securities Underl Derivative Securi 3 and 4) | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date Title | | 1 | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses:

1. Represents restricted stock units that will vest in full on September 30, 2018. Each restricted stock unit represents a contingent right to receive one share of Synchrony Financial common stock.

Remarks:

/s/ Danielle Do, as attorney in fact 10/02/2015

** 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 Number.