FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. 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 Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of AGUIRRE FEI | | | 2. Issuer Name and Ticker or Trading Symbol <u>Synchrony Financial</u> [SYF] | | ionship of Reporting Person(s) all applicable) | to Issuer | | |
|--|---------|----------|---|---|---|--------------------------|--|--|
| AUUIIII | | | | X | Director | 10% Owner | | |
| (Last) C/O SYNCHRON 777 LONG RIDGH | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | | Officer (give title below) | Other (specify below) | | |
| (Street) STAMFORD CT 06902 | | | 4. 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 | | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities Acquired (A) or Transaction Code (Instr. 3, 4 and 5) 8) | | | 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) | | (1130.4) |
| Common Stock | 12/31/2024 ⁽¹⁾ | | Α | | 635 | Α | \$65.01 | 25,203 | D | |
| Common Stock | | | | | | | | 15,300 | Ι | By Family Trusts |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (I 8) | | 5. Num Derivat Securit Acquire or Disp (D) (Ins and 5) | ive ies ed (A) osed of | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title and Ai Securities Un Derivative Se 3 and 4) | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|--------------------------------|---|--|---------------------------------|--|--------------------|---|----------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |

Explanation of Responses:

1. Represents restricted stock units that will vest in full on December 31, 2025. Each restricted stock unit represents a contingent right to receive one share of Synchrony Financial common stock.

/s/ Danielle Do as attorney in fact 01/03/2025

** 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.