FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	ROVA
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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).

transaction was made pursuant to a contract, instruction or written plan for the

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

purchase or sale of issuer that is inter	e conditions of Rule			
Name and Address of Reporting Person* Casellas Alberto			2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below)
(Last) (First) (Middle) 777 LONG RIDGE ROAD C/O CORPORATE SECRETARY			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2025	See remarks
(Street) STAMFORD CT 06902 (City) (State) (Zip)			If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) 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)	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 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	(Instr. 4)	Beneficial Ownership
			Code	v	Amount (A) or (D) Pri		Price	(Instr. 3 and 4)		(Instr. 4)
Dividend Equivalent Unit	05/15/2025		A		246(1)	A	\$60.49(1)	56,708	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)	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 (li 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		
Phantom Stock Units	(2)	05/15/2025		A		0.901		(2)	(2)	Common Stock	0.901	\$0	182.584	D	

Explanation of Responses:

- 1. Represents dividend equivalent units accrued on May 15, 2025 as dividends that were paid on the common shares underlying restricted stock units. The dividend equivalent units vest proportionately with and are subject to settlement and expiration upon the same terms as the restricted stock units to which they relate. Each dividend equivalent unit is the economic equivalent of one share of Synchrony Financial common stock.
- 2. The reported phantom stock units were acquired pursuant to a dividend reinvestment feature under the Synchrony Financial Deferred Compensation Plan (the "Deferred Compensation Plan") and are to be settled, in cash, six months following the Reporting Person's separation from service to the Company, subject to the requirements set forth in the Deferred Compensation Plan. Each phantom stock unit is the economic equivalent of one share of Synchrony Financial common stock.

Remarks:

EVP, CEO--Health & Wellness

/s/ Danielle Do as attorney in fact 05/19/2025

** Signature of Reporting Person D

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.