FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Form 4 Transac	tions Reported			or Se	ection 30(I	h) of the Ir	nvestment Co	mpany Act	of 1940							
Name and Address of Reporting Person* Richie Laurel					2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kichie Laufei							,				X	Director			10% Ow	
(Last)	(Last) (First) (Middle)			_								Officer (give title below)		Other (sp below)		pecify
C/O SYNCHRONY FINANCIAL					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							,			ŕ	
777 LONG RIDGE ROAD																
(Street)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
STAMFORD	IFORD CT 06902			_								X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zi	p)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution if any	2A. Deemed 3. Transact if any Code (In:							i. Amount of Securities Seneficially Ov	vned	6. Owner Form: Dir (D) or Ind	rect Indi	Indirect Et Beneficial	
				(Month/Day/Year)		8)	Amount	mount (/		Price	1 = 3		r's str. 3	(I) (Instr.		Ownership (Instr. 4)
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	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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)		Secur Deriva	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Amount Trans or (Instr Number of		saction(s)		
Dividend Equivalent Unit ⁽¹⁾	(1)	12/31/2017 ⁽¹⁾		А5	130 ⁽¹⁾		(1)	(1)	Comr	non Stock	130	\$0	1	30	D	

Explanation of Responses:

1. Represents 11, 25, 29, 21, 16, 14, 10 and 4 dividend equivalent units accrued as dividends were paid on the common shares underlying restricted stock units originally granted to the reporting person on December 31, 2015, March 31, 2016, June 30, 2016, September 30, 2016, September 30, 2016, December 31, 2016, March 31, 2017, June 30, 2017 and September 30, 2017, respectively. 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.

Remarks:

/s/ Danielle Do, as attorney in fact 02/14/2018

** 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.