SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

Estimated average burden hours per response: 0.5

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 [*] <u>GUTHRIE ROY A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Synchrony Financial</u> [SYF] | | | | | | | | | ionship of Reporting P all applicable) Director | | 10% Own | | |
|--|---|--|---|------|--|--|--|--------|---|-----|--|------|--|----------------------------------|--|---|---|---|---|
| (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2020 | | | | | | | | | | Officer (g below) | ive title | | Other (s below) | specity |
| (Street) STAMFORD CT 06902 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv X | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Ta | able I - No | n-De | rivati | ve S | ecuritie | es Acq | uired, | Dis | posed of | , or | Benefi | cially Ow | ned | | | | |
| 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 an | | | | 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 |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (Instr. 4) |
| Dividend Equivalent Unit 02/ | | | | | 2/13/2020 | | | | A | | 54(1) |) | Α | \$33.82 ⁽¹⁾ | 23,011 | | | D | |
| Common Stock | | | | | | | | | | | | | | 10,000 | | | Ι | See footnote | |
| | | | Table II - | | | | | • | | • | sed of, c onvertibl | | | | d | | | | |
| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te Sec ear) Der | | 7. Title and Amount Securities Underlyin Derivative Security (3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact | e es ally g | ly birect (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Nu | | Amount or Number of Shares | | (Instr. 4) | | , | |

Explanation of Responses:

1. Represents dividend equivalent units accrued on February 13, 2020 as dividends 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.

Remarks:

/s/ Danielle Do, as attorney in fact 02/18/2020

** 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.