SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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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 [*] AGUIRRE FERNANDO | | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|----------|----|---|--|--|---|---|---|-------|--|---|----------------------------------|---|---|---------------------|---|--|---|--|
| | | | | | | | <u></u> | | <u>-</u> []] | . 1 | | | | X | Director | | | 10% Ov | vner | |
| (Last) | (First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | - | Officer (g below) | Officer (give title below) | | Other (s below) | pecify | | |
| C/O SYNCHRONY FINANCIAL | | | | | | 04/23/2020 | | | | | | | | | | | | | | |
| 777 LONG RIDGE ROAD | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. lf. | 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 | | | | | |
| STAMFORD | СТ | CT 06902 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | 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 | | | | nd 5) 5. Amount Securities Beneficial Following Transactio | | 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 | | nstr. 3 and 4) | | | (| |
| Common Stock 04/2 | | | | | 04/23/2020 | | | | Р | 15,30 | | 0 | Α | \$16.55 | 16.55 15,300 | | | Ι | By Family Trusts ⁽¹⁾ | |
| Common Stock | | | | | | | | | | | | | | | 3,800 | | | 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) | ivative Conversion Date Execution Date, urity (Instr. 3) or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Ye | | te | r) Securities Underly Derivative Security 3 and 4) | | derlying curity (Instr. | 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 | v | (A) | (D) | Date Exercisa | | Expiration N | | Amount or Number of Shares | (Instr. | | | | | | |

Explanation of Responses:

1. Represents shares of Synchrony Financial common stock purchased by trusts for the benefit of the reporting person and his family members. The reporting person serves as the trustee of the family trusts. Remarks:

/s/ Danielle Do as attorney in fact 04/27/2020

** 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.