FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|---|-----------|--|--|--|--|--|--|
| OMB Number: Estimated average burden | 3235-0287 | | | | | | |
| hours per response: | 0.5 | | | | | | |

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).

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

| Name and Address of Reporting Person* FASOLI DAVID | | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | all applicab Director | 10% Owner | | | | |
|---|--|-------------|--------------|--------------|--|--|---|--|---|------|---|-------|----------------------------|---|---|----------------|--|--|---|--|
| (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018 | | | | | | | | | X Officer (give title below) Other (specify below) See remarks | | | | | |
| (Street) STAMFORD (City) | CT (State) | 06: (Zip | 902 | | 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 | | | | | |
| | | Ta | able I - Nor | n-Dei | rivativ | ve S | ecuriti | es Acq | uired, | Disp | osed of | , or | Benefi | cially Ow | ned | | | | | |
| Date | | | | | Transaction ate lonth/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. 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) | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (| |
| Common Stock ⁽¹⁾ 02/2 | | | | | | 2/20/2018 | | | S | | 6,251 | 1 | D | \$36.73(2) | 80,0 | 077 | | 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) | tive Conversion Date Execution Date, | | te, | Code (Instr. | | 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) | | te | 7. Title and Amou Securities Underl Derivative Securi 3 and 4) | | derlying curity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exercis | | Expiration Date | Title | е | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses:

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 20, 2017.
- 2. This price is a weighted average price. Information regarding the number of shares sold at each price will be provided upon request.

Remarks:

Executive Vice President and Chief Executive Officer-CareCredit

/s/ Danielle Do, as attorney-in-fact 02/22/2018

** 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.