FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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* GREIG HENRY F | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | all applicabl Director | 10% Owner | | | | |
|--|------------|------------|--|--------------------------|--|--|---------|--|--------------------------------|-------------------------|---|---------------|----------------------------------|--|--|---|--|--|--|
| (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021 | | | | | | | | X | X Officer (give title Other (specify below) See remarks | | | | | |
| (Street) STAMFORD (City) | CT (State) | 06 (Zij | 902 p) | _ | 4. 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 | | | | | |
| | | Ta | able I - Non | -Deriv | ative S | ecurit | ies Acq | uired, | Disp | osed of | , or l | Benefi | cially Ow | ned | | | | | |
| Date | | | | | action Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | 4. Securiti Disposed | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | |) or 4 and 5) | 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) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and | | | | (| |
| Dividend Equivalent Unit 05/ | | | | | 3/2021 | | | A | A 253 ⁽¹⁾ A \$45.27 | | \$45.27(1) | 185,889 | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execut Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Dat if any (Month/Day/Ye | Transaction 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 Underly Derivative Securit 3 and 4) | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Numbe 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) | |
| Evalencia of Dec | | | | Co | ode V | (A) | (D) | Date Exercis | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | 0.11(3) | <u>'</u> | | |

Explanation of Responses:

1. Represents dividend equivalent units accrued on May 13, 2021 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.

EVP, Chief Credit Officer and Capital Management Leader

/s/ Danielle Do, as attorney in fact 05/17/2021

** 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.