FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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## 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

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [ SYF ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KEANE MARGARET M				-/-	2) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									Director		10% Owner		/ner	
(Last) (First) (Middle)														Officer (give title below)		Other (specify below)		pecify	
C/O SYNCHRONY FINANCIAL						3. Date of Earliest Transaction (Month/Day/Year)									See remarks				
• • • • • • • • • • • • • • • • • • • •				08/12/2021															
777 LONG RIDGE ROAD																			
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)						
STAMFORD CT 06902														X	X Form filed by One Reporting Person				
												Form filed by More than One Reporting Person							
(City)	(State)	(Zi <sub>l</sub>	0)																
		Ta	able I - Nor	n-Der	rivativ	re S	ecuritie	s Acq	uired,	Disp	osed of	, or	Benefi	cially Ow	ned				
Date				Transaction ite onth/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)				(11150. 4)
Dividend Equivalent Unit 08/1					12/202	1			Α		1,210	0 <sup>(1)</sup> A \$5		\$51.62(1)	796,	796,200		)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(	e.g.,	puts,	call	s, warr	ants, o	ption	s, cc	nvertible	e se	curities	s)					
1. Title of Derivative Security (Instr. 3)	str. 3)  2. Conversion Date or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)		ite,	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 Amo Securities Unde Derivative Secu 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e O s Fo lily O o (I)	). wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Nur		Amount or Number of Shares	(Instr. 4)		J(5)		

## **Explanation of Responses:**

1. Represents dividend equivalent units accrued on August 12, 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.

## Remarks:

Executive Chair

/s/ Danielle Do, as attorney-in-fact 08/16/2021

\*\* 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.