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* Alves Paget Leonard | | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | all applicabl Director | , | | n(s) to Issuer 10% Owner Other (specify | |
|--|--|-----------|--------------|---|--|---|--|---|---------------------|--|-----------------------|----------------------------|---|--|---|---|--|---|-------|
| (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2022 | | | | | | | | | | below) | ve title | | below) | рсспу |
| (Street) STAMFORD (City) | CT (State) | 06 (Zi | 902 p) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | . Transaction ate 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 (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | , |
| Dividend Equivalent Unit 11/1 | | | | | 10/202 | 22 | | | A | | 30 ⁽¹⁾ A § | | \$38.73(1) | 33,4 | 3,418 | | 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) | ve Conversion Date Execution Date, | | 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 Under Derivative Secur 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 Exercisable | | Expiration Date | n Nur | | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

1. Represents dividend equivalent units accrued on November 10, 2022 as dividends that 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, attorney-in-fact

11/15/2022

** 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.