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* Wenzel Brian J. Sr. | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | (Check | tionship of R all applicabl Director Officer (gi | e) | 10% Owner | | | |
|---|------------|------------------------|---|---|---|---|--|---|--|---|--------------------------|--------------------|---------|---|--|--|--|---|--|
| (Last) (First) (Middle) 777 LONG RIDGE ROAD C/O CORPORATE SECRETARY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2023 | | | | | | | | X | below) | | belemarks | | | | |
| (Street) STAMFORD (City) | CT (State) | 06 (Zi _l | 902 | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 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 - No | n-De | rivativ | ve S | ecuritie | es Acq | uired, | Disp | osed of | , or | Benefic | ially Ow | ned | | | | |
| Date | | | | te 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 | | | | Securities Beneficially Following F | Beneficially Owned Following Reported | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction (Instr. 3 and | | | (Instr. 4) | | |
| Common Stock 01/2 | | | | | /24/2023 | | A | | 53,034(1) | | A | \$0 | 164,752 | | D | | | | |
| Common Stock 01/2 | | | | /24/2023 | | | | F | | 24,726(2) | | D | \$35.37 | 140,026 | | D | | | |
| | | | Table II - I | | | | | | | | sed of, o | | | | d | | | , | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea Price of Derivative Security | | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 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 Dat (Month/Day/Ye | | te | Securities Underly | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Owners Form: Direct (or Indir | Beneficial Ownership ect (Instr. 4) | |
| Explanation of Posponeos: | | | | | Code | v | V (A) (D) | | Date Exercis | able | Expiration Date Title | | • | Amount or Number of Shares | | Transacti (Instr. 4) | on(\$) | | |

- 1. Represents common stock of Synchrony Financial (the "Company") earned by the reporting person in connection with the vesting of Performance Share Units ("PSUs") under the 2020-2022 Long-Term Performance Program based on pre-established performance goals for the 2020-2022 performance period.
- 2. Reflects the number of shares of Company common stock withheld by the Company to pay the tax liability of the reporting person in connection with the vesting of the PSUs under the 2020-2022 Long-Term Performance Program.

Remarks:

EVP, CFO

/s/ Danielle Do as attorney in fact 01/26/2023

** 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.