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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>DOUBLES BRIAN D</u> _____ (Last) (First) (Middle) <u>C/O SYNCHRONY FINANCIAL</u> <u>777 LONG RIDGE ROAD</u> _____ (Street) <u>STAMFORD CT 06902</u> _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Synchrony Financial [ SYF ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) See remarks
	3. Date of Earliest Transaction (Month/Day/Year) <u>08/01/2023</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (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 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	08/01/2023		M <sup>(1)</sup>		11,610	A	\$24.55	576,850	D	
Common Stock	08/01/2023		S <sup>(1)</sup>		11,610	D	\$34.5	565,240	D	
Common Stock	08/01/2023		M <sup>(1)</sup>		25,000	A	\$23	590,240	D	
Common Stock	08/01/2023		S <sup>(1)</sup>		25,000	D	\$34.5	565,240	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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						Title
Employee Stock Option (right to buy)	\$24.55	08/01/2023		M <sup>(1)</sup>			11,610	(2)	09/17/2024	Common Stock	11,610	\$0	0	D	
Employee Stock Option (right to buy)	\$23	08/01/2023		M <sup>(1)</sup>			25,000		07/31/2018 07/31/2024	Common Stock	25,000	\$0	59,696	D	

**Explanation of Responses:**

- This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on January 25, 2023.
- The reporting person was awarded 29,024 employee stock options on September 17, 2014, which vested in five equal annual installments of 20% each, beginning on the first anniversary of the grant date.

**Remarks:**

President and CEO

/s/ Danielle Do, as attorney in fact 08/03/2023

\*\* 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.