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						

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

## 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

1. Name and Address of Reporting Person*  KEANE MARGARET M					Issuer Name and Ticker or Trading Symbol     Synchrony Financial [ SYF ]      Date of Earliest Transaction (Month/Day/Year)									tionship of R all applicabl Director	eporting Person(s) to Issuer e) 10% Owne		vner			
(Last)	(First	`	Middle)		04/01/2016								X	Officer (g below)		below)		specify		
C/O SYNCHRONY FINANCIAL														See remarks						
777 LONG RIDGE ROAD				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) STAMFORD	PRD CT 06902											X	Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(State	e) (	Zip)																	
		T	able I - Noi	n-Deriva	tive S	ecuritie	s Acc	quired, I	Disp	osed o	f, or B	Benefic	ially Ow	ned						
Date				2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			uired (A) (Instr. 3,		5. Amount Securities Beneficially Following I	y Owned Reported	Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(instr. 4)			
Common Stock 04/0					01/2016		A		65,633(1)		A	<b>\$</b> 0	370,901		D					
Common Stock 04/0				04/01/2	01/2016		F		3,162(2)		D	\$29.33	367,739		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	cise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	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)			7. Title and Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)		<u></u>			
Employee Stock Option (right to buy)	\$29.33	04/01/2016		A		118,087		(3)	0-	14/01/2026		mon ock	118,087	\$0 584		652 D				

## **Explanation of Responses:**

- 1. Represents restricted stock units that will vest in five equal annual installments of 20% each, beginning on the first anniversary of the grant date. Each restricted stock unit represents a contingent right to receive one share of Synchrony Financial (the "Company") common stock.
- 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 restricted stock units.
- 3. The option will vest in five equal annual installments of 20% each, beginning on the first anniversary of the grant date.

## Remarks:

President and Chief Executive Officer

/s/ Danielle Do, as attorney in fact 04/05/2016

\*\* 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.