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 | | | | | | |

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* FASOLI DAVID (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] | | | | | | | | | | tionship of R all applicabl Director Officer (g below) | e) ive title | · | 10% Ov Other (s below) | |
|---|--|--|---|--------------|---|---|--|-----|---|--------|---|---------------------|----------------|--|--|--|---|--|--|
| C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2016 | | | | | | | | | | | See r | emark | CS . | |
| (Street) STAMFORD | СТ | | 902 | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) $\frac{X}{} \hspace{0.2in} \text{Form filed by One Reporting Person}$ Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | | . Dowi | | | | ^ | | Diar | | | Donofie | sially Ov | | | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | | 2. Trans | ransaction | | 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 | | |) or | 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 | | | | (|
| Common Stock | | | | 09/1 | 09/17/2016 | | | | F | | 493(1) | | A | \$26.91 | 79,076 | | | 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/Ye | Code (Instr. | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiration (Month/Date | n Date | 9 | Securities Underlyi | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | -,-, | | |
| Phantom Stock Units | (2) | | | | | | | | (3) | | (3) | | ommon Stock | 127 | | 402 | | D | |

Explanation of Responses:

- 1. Reflects the number of shares of Synchrony Financial (the "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.
- 2. Each phantom stock unit is the economic equivalent of one share of Company common stock.
- 3. The reported phantom stock units were acquired under the Synchrony Financial Restoration Plan and are to be settled upon the reporting person's retirement or certain involuntary terminations of employment, subject to the requirements set forth in the Restoration Plan.

Remarks:

Executive Vice President and Chief Executive Officer-CareCredit

/s/ Danielle Do, as attorney-in-fact 09/20/2016

** 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.