FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: Estimated average burden	3235-0287							
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## 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)  C/O SYNCHRONY FINANCIAL  777 LONG RIDGE ROAD  (Street)  STAMFORD CT 06902  (City) (State) (Zip)					Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]      Date of Earliest Transaction (Month/Day/Year)     04/01/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	See remarks  Idividual or Joint/Group Filing (Check Applicable Line)				
		7	able I - Nor	n-Derivat	ive S	ecuritie	es Acq	uired,	Dis	osed o	f, or E	Benefic	ially Ow	ned				
1. Title of Security (Instr. 3) 2. Tr					. Transaction late Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed		ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)  (A) or (D) Price		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)
Common Stock				04/01/2018				A		10,10	5(1)	Α	\$33.53	89,246(2)		D		
Common Stock (				04/01/2018				F		2,120	)(3)	D \$33.53		87,126		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/Yes	Code (I	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				e Securities Underly Derivative Security 3 and 4)  An or Expiration		erlying urity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)
Employee Stock Option (right to buy)	\$33.53	04/01/2018		A	Ť	18,927		(4)		4/01/2028 Common Stock			18,927	\$0	18,927		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. The total reported in Column 5 bas been adjusted to correct a Form 4 filed on on September 19, 2016 that inadvertently reported the witholding of 493 shares of common stock for tax purposes as an acquisition instead of a disposition.
- 3. 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.
- 4. The reporting person was awarded 18,927 employee stock options on April 1, 2018, which vest in five equal annual installments of 20% each, beginning on the first anniversary of the grant date.

## Remarks:

Executive Vice President and Chief Executive Officer-CareCredit

/s/ Danielle Do, as attorney-in-fact 04/03/2018

\*\* 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.