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* Alves Paget Leonard					2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]										ionship of Reporting I all applicable) Director Officer (give title		10% Ow Other (s			
(Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2018										below)			below)		
(Street) STAMFORD (City)	CT (State)	06 (Zi _l	902 p)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv	dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction I Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				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	(Inctr 2 and 4)				(
Dividend Equivalent Unit 05/					/17/20	18			A		41(1))	A	(1)	11,70	'01 ⁽²⁾		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)	tive Conversion Date Execution I ty (Instr. 3) or Exercise (Month/Day/Year) if any		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 Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour Securities Underly Derivative Securit 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V		(A)	(D)	Date Expiration N		Amount or Number of Shares	(Instr. 4)		J.1(5)							

Explanation of Responses:

Represents 2, 4, 5, 4, 4, 4, 5, 5, 4 and 4 dividend equivalent units accrued on May 17, 2018 as dividends were paid on the common shares underlying restricted stock units originally granted to the reporting person on December 31, 2015, March 31, 2016, June 30, 2016, September 30, 2016, December 31, 2017, June 30, 2017, December 31, 2017, and March 31, 2018, respectively. The dividend equivalent units vest proportionately with and are subject to settlement and expiration upon the same terms as the restricted stock units to which they relate. Each dividend equivalent unit is the economic equivalent of one share of Synchrony Financial common stock.

2. The total reported in Column 5 bas been adjusted to include 170 dividend equivalent units that were previously reported on Table II.

Remarks:

/s/ Danielle Do, attorney-in-fact 05/21/2018

** 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.