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* Whynott Paul (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD					3. Da	Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] January Symbol Synchrony Financial [SYF] 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2018									telationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner X Officer (give title Other (specify below) See remarks				
(Street) STAMFORD (City)	CT (State)	06 (Zi _l	902 p)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv	Idividual 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				ransaction e nth/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. 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 4)					
Common Stock 07/3					1/201	8(1)			F		277(1	277 ⁽¹⁾ D		\$28.94	46,7	46,778		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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		e Securities Und		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e O s F lly O o (!)	0. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code V			v	(A)	(D)	Date Exercis		Expiration Date	Title	ı	Number of Shares	(Instr. 4)						

Explanation of Responses:

1. Reflects the number of shares of common stock automatically withheld by the Company to pay the tax liability of the Reporting Person in connection with the vesting of restricted stock units granted on July 31, 2014 in connection with the Company's initial public offering (the "Founders' Grants"). No investment decision was made by the Reporting Person in connection with the withholding. The Founders' Grants, which had a four-year cliff vesting period, were awarded to promote retention and alignment with our stockholders, and to recognize that GE executive supplementary long-term benefits would vest and no longer continue to accrue upon separation from GE.

Remarks:

Executive Vice President Chief Risk Officer

/s/ Danielle Do as attorney in fact 08/01/2018

** 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.