FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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					Issuer Name and Ticker or Trading Symbol Synchrony Financial [ SYF ]  3. Date of Earliest Transaction (Month/Day/Year) 08/16/2018									ationship of Reporting Person(s) to Issuer k all applicable)  Director 10% Owner  Officer (give title Other (specify below)  See remarks						
(Street) STAMFORD (City)	CT (State)	06 (Zi <sub>l</sub>	902		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi	Individual 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				2. Transaction Date Month/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 at				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)				,	
Dividend Equivalent Unit 08/1					16/201	18			A		215(1	5 <sup>(1)</sup> A		\$30.43	61,0	1,052		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)	rative Conversion or Exercise Price of Derivative Security  Conversion of Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)		te, Transaction 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 Amou Securities Underly Derivative Securit 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A) (D)		Date Exercisa		Expiration Date	Title	1	Number of Shares		(111501.4)						

## **Explanation of Responses:**

1. Represents 19, 28, 45, 53, and 70 dividend equivalent units accrued on August 16, 2018 as dividends were paid on the common shares underlying restricted stock units originally granted to the reporting person on September 17, 2014, April 1, 2015, April 1, 2016, April 1, 2017 and April 1, 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.

## Remarks:

Executive Vice President and Chief Executive Officer-CareCredit

/s/ Danielle Do, as attorney-in-fact 08/20/2018

\*\* 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.