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* MOTHNER JONATHAN S (Last) (First) (Middle) C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD | | | | | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF] 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2019 | | | | | | | | | | Relationship of Reporting Person(s) to Issuer neck all applicable) Director 10% Owner X Officer (give title below) See remarks | | | | |
|---|---|--|--|--|--|---|--|---|-----------------------|---|-----------|---|---------------|--|---|---|------------|--|--|
| (Street) STAMFORD (City) | CT (State) | 06 (Zip | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 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 | | | | . 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 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 | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and | i(S) i 4) | | | (Instr. 4) |
| Common Stock 01/2 | | | | | /23/2019 | | | | A | | 18,342(1) | | Α | \$ <mark>0</mark> | 107, | 935 | D | | |
| Common Stock 01/2 | | | | | /23/2019 | | | | F | | 8,624(2) | | D | \$29.4 | 99,311 | | 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 Da if any (Month/Day/Y | ntion Date, Tr Ch/Day/Year) | | ransaction Derivation Security Acquired or Dis | | ive ies | Expiratio (Month/D | | | | | lerlying | y (Instr. Derivative Security (Instr. 5) | | Ily Direct | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

- 1. Represents common stock of Synchrony Financial (the "Company") earned by the reporting person in connection with the vesting of Performance Share Units ("PSUs") under the 2016-2018 Long-Term Performance Program based on pre-established performance goals for the 2016-2018 performance period.
- 2. 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 the PSUs under the 2016-2018 Long-Term Performance Program.

Remarks:

Executive Vice President, General Counsel and Secretary

/s/ Danielle Do, as attorney in fact 01/25/2019

** 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.