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* Casellas Alberto				2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]										5. Relationship of R (Check all applicable Director X Officer (gint below)		Person(s) to Issuer 10% Owner Other (specify below)			
(Last) (First) (Middle) 777 LONG RIDGE ROAD C/O CORPORATE SECRETARY				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019									See remarks						
(Street) STAMFORD (City)	CT (State)	06 (Zij	4. If <i>i</i>	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						
		Ta	able I - Nor	n-Dei	rivativ	ve S	ecuritie	es Acq	uired,	Disp	osed of	, or	Benefic	ially Ow	ned				
Date				Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following I Transaction		6. Owners Form: Dire or Indirect (Instr. 4)	ct (D) (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and	1 4)			(Instr. 4)
Common Stock 04/0					/01/2019		A		651(1)		A	\$32.58	55,127		D				
Common Stock 04/0					01/2019			F		1,719(2)		D	\$32.58	53,408		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Conversion Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)			ite,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Securities Underl		lerlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	Owr Forr Bly Dire or Ir (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Turbonia of Panasas				Code	v	(A) (D)		Date Exercis		Expiration Date	Nun		Amount or Number of Shares		(Instr. 4)	,			

- 1. On January 23, 2019, the Reporting Person earned common stock of Synchrony Financial (the "Company") 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. On April 1, 2019, the Reporting Person earned additional shares to reflect updated calculations of such performance metrics.
- 2. Reflects the number of shares of Company 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 and PSUs. No investment decision was made by the Reporting Person in connection with the withholding.

Executive Vice President and Chief Executive Officer-CareCredit

/s/ Danielle Do as attorney in fact 04/03/2019

** Signature of Reporting Person

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.