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*  MELITO DAVID P  (Last) (First) (Middle)  C/O SYNCHRONY FINANCIAL  777 LONG RIDGE ROAD					Issuer Name and Ticker or Trading Symbol     Synchrony Financial [ SYF ]      Jate of Earliest Transaction (Month/Day/Year)     04/01/2019										V Officer (give title Othe			o Issuer 10% Ow Other (s below)			
(Street) STAMFORD (City)							4. If Amendment, Date of Original Filed (Month/Day/Year)									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)					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Securities Beneficially Following F	Securities Beneficially Owned Following Reported		ect (D) t (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 04/0					/01/2019		Α		683(1)		A	\$32.58	34,180		D						
Common Stock 04/0					/01/2019			F		1,500(2)		D	\$32.58	32,680		0 D					
1. Title of	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10. 11. Nature															11. Nature					
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day/Year) (Month/Day/Year)  2. Conversion Date (Month/Day/Year) (Month/Day/Year)  3. Transaction Execution Date (Month/Day/Year) (Month/Day/Year)			ite,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te Sear) D		urities Und		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ow For Illy Dire or I	nership m: ect (D) ndirect Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
valentia of Danasas					Code	v	(A) (D)		Date Exercis		Expiration Date	Title	•	Amount or Number of Shares		(Instr. 4)	J.1(9)				

- 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.

Senior Vice President, Chief Accounting Officer and Controller

/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.