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  Casellas Alberto  (Last) (First) (Middle)  777 LONG RIDGE ROAD  C/O CORPORATE SECRETARY					3. Da 09/1	Issuer Name and Ticker or Trading Symbol     Synchrony Financial [ SYF ]      Date of Earliest Transaction (Month/Day/Year)     09/17/2019								(Check	Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner  X Officer (give title Other (specify below)  See remarks				
(Street) STAMFORD (City)	CT (State)	06 (Zij	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				onth/Day/Year) if any		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				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 09/1					17/201	19			F		200(1	200 <sup>(1)</sup> D		\$33.96	53,5	53,543		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Security (Instr. 3) Conversion (Month/Day/Year)		3A. Deemed Execution Dat if any (Month/Day/Ye	te, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisi Expiration Date (Month/Day/Yea		e Securities Underl ar) Derivative Securi 3 and 4)		derlying curity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e C s s llly o (I	0. ownership orm: birect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code V		v	(A)	(D)	Date Exercis		Expiration Date	Title	ı	Amount or Number of Shares	mber of							

## Explanation of Responses:

1. 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. No investment decision was made by the Reporting Person in connection with the withholding.

## Remarks

EVP, CareCredit--Chief Executive Officer

/s/ Danielle Do as attorney in fact 09/19/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.