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

| Name and Address of Reporting Person*     SNOWE OLYMPIA J.   |  |      |   |       | 2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [ SYF ] |  |  |                    |   |   |  |                             |                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |   |  |
|--|--|------|---|-------|---|--|--|--------------------|---|---|--|-----------------------------|--------------------|---|--|---|---|--|---|--|
| SNOWE OLI MIFIA J.   |  |      |   | 1-7-  |   |  |  |                    |   |   |  |                             |                    | Director  |  |   | 10% Ow  | vner   |   |  |
|  |  |      |   |       |   |  |  |                    |   |   |  |                             |                    |   | Officer (g<br>below)   | Officer (give title                                     |   | Other (s   | pecify  |  |
| (Last) (First) (Middle)  |  |      |   |       | Date of Earliest Transaction (Month/Day/Year)                           |  |  |                    |   |   |  |                             |                    | below)  |  |   | below)  |  |   |  |
| C/O SYNCHRONY FINANCIAL  |  |      |   |       | 06/30/2021  |  |  |                    |   |   |  |                             |                    |   |  |   |   |  |   |  |
| 777 LONG RIDGE ROAD  |  |      |   |       |   |  |  |                    |   |   |  |                             |                    |   |  |   |   |  |   |  |
| (Street)   |  |      |   |       | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |                    |   |   |  |                             |                    | 6. Ind  | 6. Individual or Joint/Group Filing (Check Applicable Line)                  |   |   |  |   |  |
| STAMFORD CT 06902  |  |      |   |       |   |  |  |                    |   |   |  |                             |                    |   | X Form filed by One Reporting Person   |   |   |  |   |  |
|  |  |      |   |       |   |  |  |                    |   |   | Form file  | d by More                   | than One           | e Reporting   | g Person   |   |   |  |   |  |
| (City)   | (State)                                  | (Zip | 0)  |       |   |  |  |                    |   |   |  |                             |                    |   |  |   |   |  |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |      |   |       |   |  |  |                    |   |   |  |                             |                    |   |  |   |   |  |   |  |
| Date   |  |      |   |       | 2. Transaction<br>Date<br>(Month/Day/Year)                              |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |                    | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 at |                             |                    |   | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) |   | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |      |   |       |   |  |  |                    | Code                                    | v | Amount   |                             | (A) or<br>(D)      | Price   |  | (Instr. 3 and 4)  |   |  | (111311. 4)   |  |
| Common Stock 06/30   |  |      |   |       |   | 1 <sup>(1)</sup>   |  |                    | A                                       |   | 696  | 696 A                       |                    | \$48.52   | 28,4   | 8,410   |   | D  |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |      |   |       |   |  |  |                    |   |   |  |                             |                    |   |  |   |   |  |   |  |
| 1. Title of<br>Derivative  | 2.<br>Conversion                         |      | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | Code (Instr.  |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |                    |   |   |  |                             | 7. Title and Amoun |   | 8. Price of Derivative   | 9. Numbe  |   |  | 11. Nature  |  |
| Security (Instr. 3)  | or Exercise Price of Derivative Security |      |   | ~   c |   |  |  |                    | Expiration Date<br>(Month/Day/Ye        |   |  | Derivative Secu<br>3 and 4) |                    |   |  | Securities Beneficia Owned Following Reported Transacti | s F<br>illy o<br>g (I   | orm:<br>birect (D)<br>r Indirect<br>) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |  |
|  | Code                                     |      | v   | (A)   | (D)   | Date<br>Exercisa   |  | Expiration<br>Date | Title                                   | • | Amount o<br>Number o<br>Shares                                   | nount or (Instr. 4)         |                    | (0)   |  |   |   |  |   |  |

## **Explanation of Responses:**

1. Represents restricted stock units that will vest in full on June 30, 2022. Each restricted stock unit represents a contingent right to receive one share of Synchrony Financial common stock.

## Remarks:

/s/ Danielle Do, as attorney in fact 07/01/2021

\*\* Signature of Reporting Person

Date

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

 $Note: File three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).