#### FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box to indicate that a

# transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Form 3 Holdings Reported.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

- 1		
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OMB APPROVAL

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Form 4 Transactions	s Reported.					
Name and Address of Reporting Person*  Juel Carol			2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [ SYF ]		ionship of Reporting Person(s) all applicable) Director Officer (give title below)	to Issuer  10% Owner Other (specify below)
(Last) (First) (Middle) 777 LONG RIDGE ROAD C/O CORPORATE SECRETARY		(Middle)	Statement for Issuer's Fiscal Year Ended (Month/Day/Year)     12/31/2024			
(Street) STAMFORD	СТ	06902	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Chec Form filed by One Reporting Form filed by More than One	Person
(City)	(State)	(Zip)				

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Execution Date,		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned		7. Nature of Indirect Beneficial
	(Month/Day/Year)	8)	Amount	(A) or (D)	Price	at end of Issuer's Fiscal Year (Instr. 3 and 4)	(I) (Instr. 4)	Ownership (Instr. 4)

#### 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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Derivative		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		
Phantom Stock Units <sup>(1)</sup>	(2)			3			(3)	(3)	Common Stock	23,266		23,266	D	

- 1. Phantom stock units held by the Reporting Person in the Synchrony Financial Restoration Plan, an excess benefit plan pursuant to Rule 16b-3(b)(2) (the "Restoration Plan"), as of June 14, 2021, the date the Reporting Person became a Section 16 Officer. This transaction is being reported late due to an inadvertent administrative error and not any error of the Reporting Person.
- 2. Each phantom stock unit is the economic equivalent of one share of Synchrony Financial common stock.
- 3. Phantom stock units acquired under the Restoration Plan will be settled, in cash, the month following the six-month anniversary of the Reporting Person's separation from Company unless otherwise provided by the terms of the Restoration Plan or elected by the Reporting Person.

#### Remarks:

EVP, Chief Technology and Operating Officer

/s/ Danielle Do, as attorney in fact 02/10/2025

\*\* 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.