FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	ROVA
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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).

Check this box to indicate that a

transaction was made pursuant to a contract, instruction or written plan for the

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

purchase or sale issuer that is inter	of equity securities of the ded to satisfy the e conditions of Rule struction 10.			
1. Name and Address Casellas Albe	es of Reporting Person	on [*]	2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below)
(Last) 777 LONG RID C/O CORPORA	(First) GE ROAD TE SECRETARY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/03/2025	See remarks
(Street) STAMFORD	СТ	06902	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
(City)	(State)	(Zip)		

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

in this or coounty (mounty)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(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)	Code (In	sansaction ode (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Phantom Stock Units	(1)	11/03/2025		I			11,706	(2)	(2)	Common Stock	11,706	(3)	11,707	D		

Explanation of Responses:

- 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"). Each phantom stock unit is the economic equivalent of one share of Synchrony Financial common stock.
- 2. 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 Synchrony Financial unless otherwise provided by the terms of the Restoration Plan or elected by the Reporting Person.
- 3. The Reporting Person transferred the cash value of 11,706 phantom stock units to an alternative investment option within the Reporting Person's Restoration Plan account. The disposition was valued based on the closing price of Synchrony Financial common stock on November 3, 2025, \$74.01.

Remarks:

EVP, CEO--Health & Wellness

/s/ Danielle Do as attorney in fact 11/05/2025

** 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.