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Form 4 September 21, 20						
FORM 4	UNITED STATES	OMB AP OMB Number:	PROVAL 3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEMENT O Filed pursuant to S Section 17(a) of the 1	January 31, Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type Respo	nses)					
		2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
C/O SYNCHRO	(First) (Middle) NY 77 LONG RIDGE	3. Date of Earliest Transaction (Month/Day/Year) 09/17/2015	Director X Officer (give t below)	10%	Owner	
,	Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo	ne Reporting Per	son	
(City) (T 06902 (State) (Zip)	Table I. Non Derivative Securities Acc	Person	-		
1.Title of 2. Ti Security (Mo (Instr. 3)	ransaction Date 2A. Deer onth/Day/Year) Executio any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common 09/ Stock	17/2015	F $634 \frac{(1)}{2}$ D $\frac{$}{30.77}$	127,276	D		

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

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 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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address						
	Director	10% Owner	Officer	Other		
GREIG HENRY F C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD STAMFORD, CT 06902			See Remarks			
Signatures						
/s/ Danielle Do, as attorney in fact	o, as attorney 09/21/2015					
**Signature of Reporting Person	D	Date				
Explanation of Responses:						

Explanation of Responses:

- * 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).
- Reflects the number of shares of Synchrony Financial (the "Company") common stock withheld by the Company to pay the tax liability (1) of the Reporting Person in connection with the vesting of restricted stock units.

Remarks:

Executive Vice President, Chief Risk Officer

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.