Edgar Filing: QUINDLEN THOMAS M - Form 4

QUINDLEN ' Form 4	THOMAS M									
November 19	, 2018									
FORM	Δ							OMB AF	OMB APPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31, 2005Estimated average burden hours per response0.5		
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section $17(a)$	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								
(Print or Type Ro	esponses)									
QUINDLEN THOMAS M Symbol			er Name and Ticker or Trading rony Financial [SYF]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mi	•	3. Date of Earliest Transaction				(Check	neck all applicable)		
C/O SYNCH	, , , , , , , , , , , , , , , , , , ,	(Month/Da 11/15/20	y/Year)	insaction			Director X Officer (give below)		Owner r (specify	
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check			
STAMFORD	•				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Z	Zip) Table								
(eny)	(State) (2	Table	I - Non-De	erivative S	ecuri	ties Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Dividend			Code V	Amount	(D)	Price				
Equivalent Unit	11/15/2018		А	389 <u>(1)</u>	А	\$ 26.51	115,619	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title Derivati Security (Instr. 3	ive Conversion or Exercise	· · · · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
QUINDLEN THOMAS M C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD STAMFORD, CT 06902			See remarks					
Signatures								
/s/ Danielle Do, as attorney in fact	11/1	9/2018						
**Signature of Reporting Person	D	ate						

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).

Represents 34, 55, 85, 96 and 120 dividend equivalent units accrued on November 15, 2018 as dividends were paid on the common shares underlying restricted stock units originally granted to the reporting person on September 17, 2014, April 1, 2015, April 1, 2016,

(1) April 1, 2017 and April 1, 2018, respectively. The dividend equivalent units vest proportionately with and are subject to settlement and expiration upon the same terms as the restricted stock units to which they relate. Each dividend equivalent unit is the economic equivalent of one share of Synchrony Financial common stock.

Remarks:

Executive Vice President and Chief Executive Officer-Retail Card

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.