Edgar Filing: Casellas Alberto - Form 4

Casellas Alb	oerto											
Form 4												
January 25, 2	2019											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check th if no long	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:	January 31,				
subject to							Expires. 2005 Estimated average burden hours per response 0.5					
Section												
Form 4 or Form 5 Eiled pursuant to Section 16(a) of the S										0.5		
obligatio		•					-	ge Act of 1934,				
may con				•	•	· ·		f 1935 or Sectio	n			
See Instr	uction	30(h) of the In	vestment	Compan	y Ac	t of 194	40				
1(b).												
(Print or Type]	Responses)											
1 Name and 4	Address of Report	ing Person *	2 1	N	Ti alaan an	T J.		5 Relationship of	Reporting Person(s) to			
Casellas Al	2. Issuer Name and Ticker or Trading Symbol				ıg	Issuer						
			•	Synchrony Financial [SYF]								
(Lest)						(Check all applicable)						
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner				
777 LONG		01/23/2019				Officer (give title Other (specify						
CORPORA	01/20/20	0112512017				below)	below) See remarks					
	(Street)											
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
Filed(Mo				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
STAMFORD, CT 06902								Form filed by More than One Reporting				
STIMI ON	D, CI 00902							Person				
(City)	(State)	(Zip)			erivative	Secur	ities Aco	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction			3. 4. Securities Acquired				6. Ownership				
Security (Month/Day/Year) Execution (Instr. 3) any			on Date, 11	on Date, if Transaction(A) or Disposed of Code (D)				Securities Beneficially	Form: Direct (D) or	Beneficial		
(11041-0)		(Month/Day/Year)							Indirect (I)	Ownership		
Following (Instr.								(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Common				Code V	Amount 7,263	(D)	Price					
Stock	01/23/2019			А	(1)	А	\$0	43,740	D			
Common	01/23/2019			F	3,670	D	\$	40,070	D			
Stock					(2)		29.4					

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Casellas Alberto 777 LONG RIDGE ROAD C/O CORPORATE SECRETARY STAMFORD, CT 06902			See remarks				
Signatures							
/s/ Danielle Do as attorney in fact	01/25	/2019					

Date

**Signature of Reporting Person

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 common stock of Synchrony Financial (the "Company") earned by the reporting person in connection with the vesting of
 Performance Share Units ("PSUs") under the 2016-2018 Long-Term Performance Program based on pre-established performance goals for the 2016-2018 performance period.
- (2) Reflects the number of shares of Company common stock withheld by the Company to pay the tax liability of the reporting person in connection with the vesting of the PSUs under the 2016-2018 Long-Term Performance Program.

Remarks:

Executive Vice President and Chief Executive Officer-CareCredit

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.