Edgar Filing: Synchrony Financial - Form 4

Form 4											
FORM	Л	O STATES					NGE (COMMISSION		PPROVAL 3235-0287	
Check thi if no long	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
subject to Section 10 Form 4 or Form 5		SECUR	ITIES				burden hou	Estimated average burden hours per response 0.			
obligation may conti <i>See</i> Instru 1(b).	Is Section 1'	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> FASOLI DAVID			2. Issuer Name and Ticker or Trading Symbol Synchrony Financial [SYF]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					ск ан аррисави	e)		
C/O SYNCH FINANCIAI ROAD	IRONY L, 777 LONG I	RIDGE	(Month/Da 09/17/20	-				Director X Officer (give below) S		6 Owner er (specify	
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
STAMFORI	D, CT 06902							Form filed by N Person	Aore than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
(Instr. 3) any		med3.4. Securitieson Date, ifTransactionAcquired (A) or CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned	5. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	09/17/2014			А	6,512 (1)	А	\$0	59,393	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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (E	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 24.55	09/17/2014		A	10,159	<u>(2)</u>	09/17/2024	Common Stock	10,159	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FASOLI DAVID C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD STAMFORD, CT 06902			See Remarks				
Signatures							
/s/ Danielle Do, as attorney in fact	09/1	9/2014					

**Signature of Reporting Person

Date

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).
- (1) Represents restricted stock units that will vest in five equal annual installments of 20% each, beginning on the first anniversary of the grant date. Each restricted stock unit represents a contingent right to receive one share of Synchrony Financial common stock.
- (2) The option will vest in five equal annual installments of 20% each, beginning on the first anniversary of the grant date.

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.