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Richie Lau Form 4	rel										
February 10	6, 2018										
FORM	M 4		CECU						APPROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer CTLA TERMENTE OF CHANCES IN DENEELOLAL OWNERSHIP							Expires:	January 31,			
subject Section Form 4	to SIAIE	MENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden ho response.	urs per		
Form 5 obligati may co <i>See</i> Inst 1(b).	ions Section 17	(a) of the F	Public U		ng Cor	npany Act	nge Act of 1934, of 1935 or Sectio 940	n			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Richie Laurel		Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol			-	5. Relationship of Reporting Person(s) to Issuer				
(I t)	(First)	M: 141.)	Synchrony Financial [S]			FJ	(Chec	all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				X Director10% Owner				
C/O SYNO FINANCL ROAD	CHRONY AL, 777 LONG R	IDGE	02/15/2	-			Officer (give below)	title Oth below)	her (specify		
(Street)			4. If Amendment, Date Original			1	6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Year)			Applicable Line) _X_ Form filed by (Form filed by M				
STAMFU	RD, CT 06902						Person		1 0		
(City)	(State)	(Zip)	Tal	ole I - Non-De	rivative	Securities A	cquired, Disposed of	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	TransactionA	Disposed Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	SecuritiesFBeneficially(Owned(6. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cla	ass of sec	urities benefic	ially ow	ned directly o	or indirectly.				
					inforn requir	nation cont red to respo lys a currer	pond to the collec ained in this form ond unless the form ntly valid OMB con	are not n	SEC 1474 (9-02)		
	Tab			curities Acqui ls, warrants, c			Beneficially Owned securities)				
1. Title of Derivative		ansaction Danth/Day/Yea		Deemed cution Date, if	4. Transa	5. actionNumber	6. Date Exercisabl Expiration Date		le and Amount of 8. F rlying Securities Der		

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Security (Instr. 3)	or Exercise Price of Derivative Security	Price of (Mon Derivative	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 3 and 4)		Security (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Unit	<u>(1)</u>	02/15/2018		А	35	(1)	(1)	Common Stock	35	<u>(1)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Richie Laurel C/O SYNCHRONY FINANCIAL 777 LONG RIDGE ROAD STAMFORD, CT 06902	Х						
Signatures							
/s/ Danielle Do, as attorney in fact	02/1	6/2018					
Signature of Reporting Person	D	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).

Represents 2, 4, 4, 4, 4, 5, 5 and 3 dividend equivalent units accrued on February 15, 2018 as dividends were paid on the common shares underlying restricted stock units originally granted to the reporting person on December 31, 2015, March 31, 2016, June 30, 2016, September 30, 2016, December 31, 2016, March 31, 2017, June 30, 2017, September 30, 2017 and December 31, 2017, respectively. The

(1) September 50, 2010, December 51, 2010, Match 51, 2017, such 50, 2017, September 50, 2017 and December 51, 2017, respectively. Individend 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.

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.