

SYNOVUS FINANCIAL CORP  
Form 4  
May 20, 2014

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**HOLLADAY MARK G**

2. Issuer Name and Ticker or Trading Symbol  
**SYNOVUS FINANCIAL CORP [SNV]**

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

(Last) (First) (Middle)  
**P.O. BOX 120**  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**05/16/2014**

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
**Exec.VP,Chief Risk Officer**

**COLUMBUS, GA 31902**

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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 Ownership (Instr. 4) |     |       |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|-----|-------|
|                                 |                                      |  |                                | (A) or (D)  | Code  | V  | Amount                            | (D) | Price |

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.**

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(9-02)

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

| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | 4. Transaction Code | 5. Number of Derivative | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security |
|---------------------------------|---------------------------|--------------------------------------|-----------------------------------|---------------------|-------------------------|--|---|---------------------------------|
|---------------------------------|---------------------------|--------------------------------------|-----------------------------------|---------------------|-------------------------|--|---|---------------------------------|

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| (Instr. 3)<br>Price of<br>Derivative<br>Security | (Month/Day/Year) | (Instr. 8)<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4,<br>and 5) | (Instr. 5) |                     |                    |       |  |     |         |
|--|------------------|---|------------|---------------------|--------------------|-------|--|-----|---------|
| Code   | V                | (A)   | (D)        | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |     |         |
| Salary<br>Stock<br>Unit                          | \$ 0             | 05/16/2014  | A          | 128<br>(1)          | (1)                | (1)   | Common<br>Stock                        | 128 | \$ 21.8 |

## Reporting Owners

| Reporting Owner Name / Address                        | Relationships              |         |       |
|---|----------------------------|---------|-------|
| Director  | 10% Owner                  | Officer | Other |
| HOLLADAY MARK G<br>P.O. BOX 120<br>COLUMBUS, GA 31902 | Exec.VP,Chief Risk Officer |         |       |

## Signatures

/s/ Mary Maurice Young    05/20/2014

\*\*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) Salary stock units ("SSUs") are restricted stock units issued bi-weekly as a portion of the reporting person's salary compensation, net of withholdings and deductions, and are issued under the Synovus Financial Corp. 2013 Omnibus Plan. An SSU represents the right to receive a cash payment equal to the future value of a share of Synovus common stock. For more information, please see the Current Report on Form 8-K filed by Synovus on January 24, 2014, as amended on February 5, 2014. SSUs are fully vested on the date of grant and will settle in cash on January 15, 2015.
- (2) The Company completed a one-for-seven reverse stock split effective May 16, 2014. The amount stated represents the post-split adjusted amount, and fractional shares are not included because all fractional shares will be aggregated into whole shares and sold on the open market at prevailing prices by the Company's transfer agent. In lieu of fractional shares, the reporting person will receive a cash payment equal to his or her allocable share of the total proceeds of these sales.
- (3) The amount stated has also been adjusted to correct a computational error. SSU grants made prior to February 7, 2014 were included in the reporting person's balance in error, as such previous grants settled in cash on or before January 15, 2014, as previously reported.
- 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.