Carr Leila S Form 4 March 04, 2011

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction 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 * Carr Leila S

(Last)

Common

Stock

1(b).

(Middle)

SYNOVUS FINANCIAL

CORP., P.O. BOX 120

(Street)

(First)

COLUMBUS, GA 31902

2. Issuer Name and Ticker or Trading

Symbol

SYNOVUS FINANCIAL CORP [SNV]

3. Date of Earliest Transaction (Month/Day/Year)

03/02/2011

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

Director 10% Owner X_ Officer (give title Other (specify

below) **EVP/Chief Retail Officer**

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

03/02/2011

(Month/Day/Year)

Transaction(A) or Disposed of Code (D) (Instr. 3, 4 and 5) (Instr. 8)

4. Securities Acquired 5. Amount of

Securities Beneficially Owned Following Reported

Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

D

6. Ownership 7. Nature of Beneficial Ownership (Instr. 4)

(9-02)

Transaction(s) or (Instr. 3 and 4) Price Amount (D)

(A)

Code V 49,213 \$0 A A 117,975 (1)

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)

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-------------------|--------------------------|---------------------|--------------------|-----------------------------|------------|-------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionNumber | | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secur |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative Securities | | | Securities (Instr. 3 and 4) | (Instr. 5) | Bene | |
| | Derivative | | | | | | | | 3 and 4) | | Own |
| | Security | | | | Acquired | Acquired (A) or | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | of (D) | | | | | | | (Instr | | |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | or | | | |
| | | | | | | Date Exercisable | Expiration Date | Title | Number | | |
| | | | | | | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Carr Leila S SYNOVUS FINANCIAL CORP. P.O. BOX 120 COLUMBUS, GA 31902

EVP/Chief Retail Officer

Signatures

/s/ Alana L. Griffin, Attorney-in-Fact

03/04/2011

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).

These shares are subject to restricted stock units. The units fully vest upon the satisfaction of the following three conditions: (1)

completion of two years of service, (2) repayment by Synovus of all or a portion of its obligations to the U.S. Treasury under TARP and (3) Synovus has two consecutive quarters of positive net income as determined under generally accepted accounting principles.

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.

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