Edgar Filing: REINSURANCE GROUP OF AMERICA INC - Form 4

REINSURAN Form 4 May 12, 2016	NCE GROUP OF	AMERI	CA INC									
FORM 4 OMB APROVAL Image: Non-Spectrum Subject to Section 16. Image: Non-Spectrum Subject to Section 16. OMB Sumber: Spectrum Subject to Section 16. StateMemory Subject to									3235-0287 January 31, 2005 average			
(Print or Type R	esponses)											
Manning Anna Symbol REINSU			suer Name and Ticker or Trading ol ISURANCE GROUP OF ERICA INC [RGA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month/D				Date of Earliest Transaction Ionth/Day/Year) 5/10/2016					Director 10% Owner Officer (give title Other (specify below) President			
				(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	Zip)	Table	e I - Non	ı-De	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr. 8	8)	4. Securin n(A) or Di (D) (Instr. 3, Amount	sposed	d of	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/10/2016			А		1,565 (1)	А	\$ 95.4	9,640	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Manning Anna 16600 SWINGLEY CHESTERFIELD, Signatures			President						
William L. Hutton	05/12/20)16							
<u>**</u> 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) Acquired pursuant to award of performance contingent stock granted in February 2013.

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.