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LARSON T	ODD C											
Form 4												
March 08, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								NT.	OMB APPROVAL			
		SIAIES					NGE CO	010110115510	```	DMB	3235	-0287
Check tl	his box		vva	shington	, D.C. 20	1549				Number:	January 31	
if no lon		CHAN	IGES IN	BENEF	ICIAI	LOWN	ERSHIP OI	E F	Expires. 20			
subject to Section 16. STATEMENT OF CHANGES IN BENEFICI							Estimated average					
Form 4										ourden hou esponse	•	0.5
Form 5	Filed pu	rsuant to S	ection 1	16(a) of th	e Securi	ties Ex	xchange	Act of 1934				
obligation may con								1935 or Section	ion			
See Inst		30(h) o	of the In	nvestment	Compar	ny Act	t of 1940)				
1(b).												
(Print or Type	Responses)											
	Address of Reporting	g Person [*]	2. Issue	er Name and	l Ticker or	Trading	ıg	5. Relationship	of Re	porting Per	son(s) to	
LARSON	FODD C		Symbol					Issuer				
		REINSURANCE GROUP OF					(Check all applicable)					
			AMERICA INC [RGA]					(cheen an approacte)				
(Last)	(First) (of Earliest T	ransaction			Director			6 Owner	
16600 830	NCLEY DIDCE			Day/Year)			i	Officer (gi below)	ive title	below)	er (specify	
10000 S WI	NGLEY RIDGE	KUAD	03/02/2	2018				SEVP, O	Chief	Financial C	Officer	
	(Street)	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
			Filed(Mc	onth/Day/Yea	r)			Applicable Line) _X_ Form filed b		Deporting D		
CHESTER	FIELD, MO 630	17						Form filed by				
CHESTER		17						Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securit	ities Acqu	ired, Disposed	l of, o	r Beneficia	lly Owne	d
1.Title of	2. Transaction Date			3.	4. Securit			Amount of		wnership	7. Nature	e of
Security (Instr. 3)	(Month/Day/Year)	Execution I any	Date, 1f	Transaction Code	nAcquired Disposed			curities neficially		n: Direct or Indirect	Indirect Benefici:	al
(11501. 5)		(Month/Day	y/Year)		-			vned	(I)	or maneet	Ownersh	
								llowing	(Inst	r. 4)	(Instr. 4)	
						(A)		ported ansaction(s)				
				Code V	Amount	or (D) I		str. 3 and 4)				
					Amount	(D) I	i nee					
Reminder: Re	port on a separate lin	e for each cla	uss of sec	urities benef	ficially own	ned dire	ectly or in	directly.				
					Perso	ns who	o respon	nd to the colle	ectio	n of s	EC 1474	

Persons who respond to the collection of information contained in this form are not (9-02) 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(M	onth/Day/Year)	(Instr.	8)	Acquired (A) or Disposed (D) (Instr. 3, and 5)	d of							
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Appreciation Right (right to purchase) 2018	\$ 150.87	03/02/20	018		А		6,444		<u>(1)</u>	03/02/2028	Common Stock	6,444			
Reportir	ng Own	ers													
Reporting ()wner Name / A	ddross			Rela	ntior	nships	ships							
Kepot ting 0		uuress	Director	10% Owner	Officer					Other					
LARSON TODD C 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017					SEVF	P, C	hief Fir	nanci	al Officer						
Signatu	res														
William Hutt	on, by power	of	03/	08/2018											

**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) SARs grants on March 2, 2018 vest in 25% increments on each of December 31, 2018, 2019, 2020 and 2021.

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.