### Edgar Filing: REINSURANCE GROUP OF AMERICA INC - Form 4

#### REINSURANCE GROUP OF AMERICA INC

Form 4

February 24, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

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response...

Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

subject to

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**EASON J CLIFF** 

2. Issuer Name and Ticker or Trading

Symbol

Issuer

REINSURANCE GROUP OF

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

AMERICA INC [RGA]

below)

10% Owner Other (specify

1370 TIMBERLAKE MANOR

(Street)

**PARKWAY** 

Security

(Instr. 3)

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

02/20/2014

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

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

CHESTERFIELD, MO 63017

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

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 SEC 1474 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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date Derivative Conversion

6. Date Exercisable and 5. Number

7. Title and Amount of 8. Underlying Securities

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Security (Instr. 3)			any (Month/Day/Year)		Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Sec (In	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock - 2/20/14 Phantom Stk	\$ 0 (1)	02/20/2014		A		2,125 (2)		(3)	02/20/2024	Common Stock	2,125	\$

# **Reporting Owners**

Relationships

Reporting Owner Name / Address

 $\begin{array}{ccc} \text{Director} & \frac{10\%}{\text{Owner}} & \text{Officer} & \text{Other} \end{array}$ 

EASON J CLIFF 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017

# **Signatures**

William Hutton,by power of

attorney 02/24/2014

\*\*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) 1 for 1 based upon fair market value of Common Stock.
- (2) Acquired in lieu of annual grant of common shares to independent directors for services performed as a director.
- (3) Vests on the earlier of (i) 10 years from the last of the plan year in which the phantom unit is granted, or (ii) the retirement of the holder. Payable in cash or common stock, at the election of the Board.
- (4) Mr. Eason beneficially owns a total of 24,883 phantom shares of various classes.

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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