### Edgar Filing: Latrenta Nicholas D - Form 4

Latrenta Nie Form 4	cholas D										
April 16, 20									OM	3 APPROVAL	
FORM	<b>VI 4</b> UNITED	STATES						COMMISSIO	N OMB	3235-028	57
Check t if no lor subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940							Number: January 3 Expires: 200 Estimated average burden hours per response 0.			
(Print or Type	Responses)										
			Symbol	er Name <b>a</b> IFE INC	nd Ticker o	or Trac	ling	5. Relationship of Reporting Person(s) to Issuer			
(Last) 200 PARK	· · · · ·	Middle)	3. Date of	of Earliest Day/Year)	Transactio	n		Director X Officer (gi below)	ve title below) . & General G	10% Owner Other (specify	
NEW YOF	(Street) RK, NY 10166			endment, l onth/Day/Ye	Date Origin ear)	nal		6. Individual or Applicable Line) _X_ Form filed by Form filed by Person		ng Person	
(City)	(State)	(Zip)	Tat	ole I - Non	-Derivativ	e Seci	ırities Ac	quired, Disposed	of, or Benefi	icially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3. Transacti Code (Instr. 8)	4. Securi ion(A) or D (Instr. 3,	ities A ispose 4 and (A) or	cquired d of (D)	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/12/2012			A <u>(1)</u>	8,644	A	\$ 36.34	65,069	D		
Common Stock	04/12/2012			F <u>(2)</u>	125	D	\$ 36.34	64,944	D		
Common Stock								10	I	By the MetLife Policyholder Trust ( <u>3)</u>	
Common Stock								10	I	By The Latrenta Family	

Revocable Trust in the MetLife Policyholder Trust (3)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. 6. Date Exercisable ar onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Latrenta Nicholas D 200 PARK AVENUE NEW YORK, NY 10166			E.V.P. & General Counsel					
Signatures								
Richard S. Collins, authorized signer		04/16/2012	2					
**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) Shares acquired from the payout of the 2009 - 2011 Performance Share Award pursuant to the MetLife, Inc. 2005 Stock and Incentive Compensation Plan.

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- (2) Shares withheld to satisfy the Reporting Person's tax withholding obligation due on the payout of the 2009-2011 Performance Share Award, pursuant to the MetLife, Inc. 2005 Stock and Incentive Compensation Plan.
- (3) Shares held in trust under the MetLife Policyholder Trust established to hold shares of Common Stock allocated to eligible policyholders of Metropolitan Life Insurance Company, a wholly-owned subsidiary of MetLife, Inc.

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.