### Edgar Filing: METLIFE INC - Form 4

METLIFE Form 4 September <b>FORN</b> Check to if no lot subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	17, 2013 <b>A</b> UNITED this box nger to 16. or Filed pur ons ntinue.	MENT O rsuant to S (a) of the	Wa F CHA Section Public U	ashington NGES IN SECU 16(a) of th	h, D.C. 2   BENEI RITIES he Secur lding Co	0549 FICL ities	AL OW Exchang ny Act c	COMMISSIO /NERSHIP O ge Act of 1934 of 1935 or Sect 40	F OMB Expires Estimat burden respons	January 31, 2005 ed average hours per	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> WHEELER WILLIAM J			2. Issuer Name <b>and</b> Ticker or Trading Symbol METLIFE INC [MET]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 200 PARK AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 09/13/2013					(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) President of the Americas			
(Street) NEW YORK, NY 10166			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivativ	e Secu	irities Ac	quired, Disposed	of, or Benef	icially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3, Amount	spose 4 and (A) or (D)	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)	
Stock	09/13/2013			A <u>(1)</u>	1,176	A	48.83	232,043	D		
Common Stock								8,665	Ι	By GRAT (2) By the	
Common Stock								10	Ι	MetLife Policyholder Trust ( <u>3</u> )	

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)

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# 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)	of			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
WHEELER WILLIAM J 200 PARK AVENUE NEW YORK, NY 10166			President of the Americas	
Signatures				
Matthew M. Ricciardi, authoriz	zed	09/17/2	2013	

<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).
- Reinvestment of dividends on shares held in the Reporting Person's share deferral account (the "Plan Account") pursuant to the MetLife
  (1) Deferred Compensation Plan for Officers. The amount of shares beneficially owned following the reported transaction may include adjustments in the Reporting Person's Plan Account to reflect the accumulation of fractional shares into whole shares.
- (2) These shares were previously reported as directly beneficially owned but were contributed to a Grantor Retained Annuity Trust ("GRAT").
- (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.