METLIFE INC Form 4

February 24, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

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

Common

Stock

02/21/2014

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MORRISON DENISE M			2. Issuer Name and Ticker or Trading Symbol METLIFE INC [MET]			5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)					
(East)	(1 1131)	(iviidale)				saction			V Dimeter	100	0	
METLIFE, INC., 200 PARK			(Month/Day/Year) 02/21/2014					X Director Officer (give		Owner er (specify		
AVENUE	INC., 200 FAN	.K	02/21/20	014					below)	below)	(» F)	
(Street) 4.			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
NEW YORK, NY 10166				ed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-Der	ivative	Securi	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4	. Securi	ties Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	r) Execution	on Date, if	Transac			•		Securities	Form: Direct	Indirect	
(Instr. 3)		any	D (57)	Code	,	Instr. 3,	4 and 5	5)	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8	5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
				Code	V A	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(IIISU. 4)	(IIISU. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $A_{\underline{1}}^{(1)}$

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.

D

425

50.52

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

425

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
							Date	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer Other				
MORRISON DENISE M METLIFE, INC. 200 PARK AVENUE NEW YORK, NY 10166	X						

Signatures

Mark A. Schuman, authorized signer 02/24/2014

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).

Date

The acquisition is pursuant to Non-Management Director Compensation arrangements whereby 50% of the Annual Retainer Fee is paid in the Company's common stock. The transaction represents a prorata payment for the period starting February 21, 2014 and ending April 21, 2014.

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.

Reporting Owners 2