## Edgar Filing: METLIFE INC - Form 4

METLIFE IN	NC												
Form 4	2014												
February 24,	_									OMB AF	PROVAL		
					RITIES AND EXCHANGE COMMISSION Shington, D.C. 20549					OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				GES IN BENEFICIAL OWNERSHIP O SECURITIES					NERSHIP OF	Expires: January 31 2009 Estimated average burden hours per response 0.9			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the		tility H	old	ing Com	ipany	Act of	e Act of 1934, 1935 or Section 0				
(Print or Type I	Responses)												
MORRISON DENISE M Symbol				r Name <b>and</b> Ticker or Trading FE INC [MET]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(Check all applicable)							
METLIFE, INC., 200 PARK 02/21/20 AVENUE				-					_X_ Director Officer (give below)	ve title 0% Owner Other (specify below)			
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10166								Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative s	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med n Date, if Day/Year)	3. Transac Code (Instr. 8 Code	8)	4. Securit r(A) or Di (Instr. 3, -	spose	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)			
Common Stock	02/21/2014			A <u>(1)</u>		425	A	\$ 50.52	425	D			

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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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						
reporting o where there is the solution	Director	10% Owner	Officer	Other			
MORRISON DENISE M METLIFE, INC. 200 PARK AVENUE NEW YORK, NY 10166	X						
Signatures							
Mark A. Schuman, authorized signer		02/24/201	4				
**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).
- The acquisition is pursuant to Non-Management Director Compensation arrangements whereby 50% of the Annual Retainer Fee is paid
   (1) 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.