Edgar Filing: METLIFE INC - Form 4

METLIFE I	NC												
Form 4													
June 15, 20													
FORM		STATES	SECU	DITIES	. 1		T A N TA		MMISSION		PROVAL		
	UNITED	SIAIES				ND EACH D.C. 2054		GE CO	IVIIVII55IUN	OMB Number:	3235-0287		
Check the							Expires:	January 31,					
if no lon subject t		AENT OF	CHAN	NGES IN BENEFICIAL OWNERSHIP O					RSHIP OF	Estimated average			
Section	SECU	SECURITIES						burden hours per					
Form 4 Form 5	Form 4 or									response	0.5		
obligatio	-							•	Act of 1934,				
may cor	tinue. Section 17(•			•		935 or Section				
See Inst	ruction	50(II)	of the f	nvesuner	n v	Company	Act 0	01 1940					
1(b).													
(Print or Type	Responses)												
	Address of Reporting	Person [*]	2. Issue	er Name ar	ıd '	Ticker or Tr	ading		-	Reporting Person(s) to			
Hijkoop Fr	ans		Symbol	1 1					suer				
METL				LIFE INC [MET]					(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of	Date of Earliest Transaction									
				onth/Day/Year)					Director 10% Owner				
200 PARK AVENUE 06/12/2									_X_ Officer (give title Other (specify below) below)				
									EVP & C	Chief HR Offic	er		
(Street) 4. If Am			4. If Am	Amendment, Date Original				6.	6. Individual or Joint/Group Filing(Check				
Filed(Mo				•					Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	W NV 10166								_ Form filed by Of _ Form filed by Mo				
NEW IOR	RK, NY 10166							Pe	erson		-		
(City)	(State)	(Zip)	Tab	ole I - Non	De	erivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3.		4. Securities		red (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if			or Disposed of			Securities Beneficially	Ownership	Indirect		
(Instr. 3)		any (Month/Da	Code (Instr. 3, 4 and 5) (Instr. 8)					Owned	Form: Direct (D)	Beneficial Ownership			
		X	. ,	(Following	or Indirect	(Instr. 4)		
							(A)		Reported	(I) (Instr. 4)			
				a			or	D :	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common				Code V		Amount	(D)	Price ¢	,				
Common Stock	06/12/2015			A <u>(1)</u>	1	151.3499	А	\$ 55.77	38,913.107	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			
Hijkoop Frans 200 PARK AVENUE NEW YORK, NY 10166			EVP & Chief HR Officer				
Signatures							
Timothy J. Ring, authorized signer		06/15/2015					
<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).

Represents imputed reinvestment of dividends on Deferred Shares in the Reporting Person's deferral account pursuant to the MetLife

(1) Leadership Deferred Compensation Plan. Deferred Shares represent shares of MetLife, Inc. common stock that have become payable, but that remain unpaid because payment has been deferred.

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.