Edgar Filing: METLIFE INC - Form 4

METLIFE I	NC											
Form 4												
June 14, 201									0145.45			
FORM	14 UNITED	STATES	SECU	DITIES A	ND FYC	цах		OMMISSION		PROVAL		
	UNITED	STATES			D.C. 205		IGE U	01/11/11/01/01	OMB Number:	3235-0287		
Check th			,,,,	511115001,	D.C. 203				Expires:	January 31,		
if no longer subject to Section 16. Statement of the subject to				GES IN	BENEFIC	CIAL	OWN	NERSHIP OF		2005		
				SECUR	ITIES				Estimated average burden hours per			
Form 4 or							response	0.5				
Form 5 obligatio							•	e Act of 1934,				
may cont				•				1935 or Section	l			
See Instr	uction	30(II)	or the fi	ivestment	Company	Act	01 194	0				
1(b).												
(Print or Type I	Responses)											
	Address of Reporting	Person [*]		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Kinney Catherine R Symbol								Issuer				
ME			METLI	FE INC [METJ			(Check all applicable)				
				f Earliest Tr	ansaction							
			(Month/Day/Year) 06/13/2016					X_ Director10% Owner Officer (give titleOther (specify				
			00/15/2	010				below)	below)			
			4. If Ame	endment, Da	te Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Year	.)			Applicable Line)				
NEW YORK, NY 10166								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEW IOK	K , N I 10100							Person				
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative Se	ecurit	ies Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securitie	s Acq	uired	5. Amount of 6. 7. Nature				
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities	Ownership	Indirect		
(Instr. 3)								Beneficially Owned	(D) or	ct Beneficial Ownership		
		X						Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	A	or	D.::	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Stock	06/13/2016			A <u>(1)</u>	148.716	А	پ 42.9	29,950.5062	D			
2.0001							,					

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. Transact Code (Instr. 8)	ction C 3) I S A (I C C (Securities Acquired (A) or Disposed of (D) (Instr. 3,				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code N		4, and (A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Kinney Catherine R 200 PARK AVENUE NEW YORK, NY 10166	Х								
Signatures									
Mark A. Schuman, authorized signer		06/14/201	6						
at at									

<u>**Signature of Reporting Person</u>

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) Deferred Compensation Plan for Non-Management Directors. 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.