WHEELER WILLIAM J

Form 4 April 24, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

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

obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * WHEELER WILLIAM J			2. Issuer Name and Ticker or Trading Symbol METLIFE INC [MET]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)		of Earliest Transaction n/Day/Year) /2008				(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) E.V.P. and C.F.O.				
(Street) NEW YORK, NY 10166				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Secu	irities Ac	quired, Disposed	of, or Benefi	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	EXECUTION ANY (Month/Date)	Date, if	3. Transacti Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	4 and (A) or	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)		
Common Stock	04/22/2008			A(1)	36,000	A	\$ 59.63	69,574	D			
Common Stock	04/22/2008			F(2)	522	D	\$ 59.63	69,052	D			
Common Stock								10	I	By MetLife Policyholder Trust (3)		
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 information contained in this form are not information.												

required to respond unless the form

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
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10% Owner Officer Other

WHEELER WILLIAM J 200 PARK AVENUE NEW YORK, NY 10166

E.V.P. and C.F.O.

Signatures

Gwenn L. Carr, authorized 04/24/2008 signer

**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).
- Shares acquired pursuant to the MetLife Inc. 2005 Stock and Incentive Compensation Plan for the performance period January 1, 2005 to **(1)** December 31, 2007.
- Amount withheld to satisfy the Reporting Person's tax withholding obligation, due on the distibution of shares, pursuant to the Metlife **(2)** Inc. 2005 Stock and Incentive Compensation Plan.
- Shares held in trust under MetLife Policyholder Trust established to hold shares of Common Stock allocated to eligible policyholders of **(3)** 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.

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