## Edgar Filing: KINNEY CATHERINE R - Form 4

KINNEY CA	ATHERINE R											
Form 4												
December 16	5, 2009											
FORM	1 4								OMB AF	PPROVAL		
	UIIILD	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi				Expires:	January 31,							
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OF					Estimated a	2005 Waraga		
Section 1				SECURITIES					burden hours per			
Form 4 or									response 0.			
Form 5 obligation	<b>.</b>						•	e Act of 1934,				
may cont	Section 17	· · ·		•	U		•	1935 or Sectior	1			
See Instru 1(b).	uction	30(h)	of the In	vestment	Compan	y Ac	t of 194	.0				
(Print or Type F	Responses)											
1 Nome and A	dduaga of Danauting	Damon *						5 Deletionship of	Donortin a Doro	an(a) to		
	ddress of Reporting			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
KINNEY CATHERINE R Symbol					AETI							
MEILII				FE INC [MET] (Ch					eck all applicable)			
(Last) (First) (Middle) 3. Date of			f Earliest Transaction									
							X_ Director	X Director 10% Owner Officer (give title Other (specify				
			12/14/20	009				below) below)				
			4. If Ame	ndment, Dat	te Origina	1		6. Individual or Joint/Group Filing(Check				
			th/Day/Year)	)			Applicable Line)					
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEW YORI	K, NY 10166							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	) Executior any	n Date, if	Transactio		-		Securities	Form: Direct			
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(Wond)/L	ay icai)	(Instr. 0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported		· /		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	12/14/2009			<b>J</b> (1)	82	А	\$	10,535	D			
Stock	12/11/2007			<u> </u>	02	11	36.97	10,000				

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. Transac Code (Instr. 8)	5. ctionNumber of 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ative ities red sed 3,	Expiration Date (Month/Day/Year) e		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	V (.	(A) (I	· ·	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								
Jeffrey A. Welikson, authorized signer	d 12/16/2009							
**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).

Reinvestment of dividends on shares held in the Reporting Person's share deferral account (the "Plan Account") pursuant to the MetLife
 (1) Deferred Compensation Plan for Outside Directors. The number of shares beneficially owned following the reported transaction may include adjustments in the Reporting Person's Plan Account to reflect the accumulation of fractional shares into whole shares.

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.