Edgar Filing: METLIFE INC - Form 4

METHER INC

Form 4											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								NT	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PN OMB Number	r: 3235-0287		
Check t if no lor subject Section Form 4	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimat	ed average hours per			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the	Public U		lding Co	mpai	ny Act c	ge Act of 1934 of 1935 or Sect 40	,		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kennard William E			2. Issuer Name and Ticker or Trading Symbol METLIFE INC [MET]					5. Relationship of Reporting Person(s) to Issuer			
(Last)				Date of Earliest Transaction				(Check all applicable)			
200 PARK AVENUE			(Month/Day/Year) 06/13/2014					X_ Director10% Owner Officer (give titleOther (specify below) below)			
			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 			
NEW YOF	RK, NY 10166							Person		ie Reporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	irities Ac	quired, Disposed	of, or Benef	icially Owned	
1.Title of Security (Instr. 3)	any		ed Date, if ay/Year)	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	06/13/2014			A <u>(1)</u>	26	А	\$ 54.47	4,101	D		
Common Stock								10	I	By the MetLife Policyholder Trust <u>(2)</u>	

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.

Edgar Filing: METLIFE INC - Form 4

 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
I B	Director	10% Owner	Officer	Other			
Kennard William E 200 PARK AVENUE NEW YORK, NY 10166	Х						
Signatures							
Timothy J. Ring, authorized signer		06/17/2014					
**Signature of Reporting Person		Date					
Evaloretion of Do							

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) Non-Management Director Deferred Compensation Plan. The amount 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.

(2) Shares held in trust under the MetLife Policyholder Trust established to hold shares of Common Stock allocated to eligible policyholders of 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.