FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 01 1110 1 | mvesame | | ilpuily Act | 01 10-10 | | | | | | | | | |
|---|---|--|--|---------|-----------------|--|--|-----------|-------------------------------------|--------|---|----------|-------------|--|--|---|--|---|---|----------|--|
| 1. Name and Address of Reporting Person* LAY JACK B | | | | | RE | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | (Check all app | | plicable) | | Person(s) to Issuer 10% Owner Other (specify | | |
| Last) (First) (Middle) L370 TIMBERLAKE MANOR PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2014 | | | | | | | | | X Office (give title Office (specify below) Senior EVP & CFO | | | | | | |
| (Street) CHESTERFIELD MO 63017 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | Form | ial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (0.0) | | | | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Exec | | A. Deemed execution Date, any month/Day/Year) | | Transaction Dispo | | urities Acquired (A) sed Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | A) or O) | Price | Trans | | action(s) . 3 and 4) | | | (1130.4) | |
| Common | ommon Stock 05/08/2 | | | | | 2014 | | A | | 2,924(| 1) | A | \$77 | 7.6 | 38,032 | | | D | | | |
| Common | nmon Stock 05/08/ | | | | 8/2014 | 2014 | | | F | | 976(2) | | D | \$77 | 7.6 | 37,056 | | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Code (Insti | | | | 6. Date E Expiration (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | ivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | vnership rm: rect (D) Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber res | | | | | | | |

Explanation of Responses:

- 1. Acquired pursuant to award of performance contingent stock granted in February 2011.
- 2. Shares of common stock delivered to issuer as payment for taxes withheld. The reported share price is the closing price on May 8, 2014, which is the price that was used for tax withholding purposes.

William Hutton, by power of attorney

05/13/2014

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.