FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

U obligati	ions may contin tion 1(b).		ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940						934		h	nours pe	er response:	0.5			
1. Name and Address of Reporting Person* HENDERSON ALAN C				2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]							Check all a	hip of Rep pplicable) ector ficer (give		Person(s) to Is 10% C Other			
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 08/14/2017								be	below)		below)		
(Street) CHESTERFIELD MO 63017 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Year) Table I - Non-Derivative Securities Acquired, Disposed of, or Ben-								Li	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)			tion 2A. Deemed Execution Date,		3. 4. Securities A Disposed Of (Acquired	l (A) or	or 5. Amour and 5) Securities Beneficia Owned Fe		F	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount		(A) or (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock				08/14/2017			S		440		D \$1		0.87	7 20,418		D	
		Та				curities Acqu ls, warrants							y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transacti Code (Ins 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		e Amount of		3	8. Price of Derivativ Security (Instr. 5)		ive ties cially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

Expiration

Date

Explanation of Responses:

William Hutton, by power of attorney

Amount or Number

of Shares

Title

08/14/2017

** 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.

Code

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.

(A) (D)