FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| l: | la | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person* LARSON TODD C | | | | | | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | neck all app Dired | olicable) | g Person(s) to Issuer 10% Owner Other (specify | | |
|---|---|--|--|--|---|--|---|-------|--|-----------|--|---|---|-------|---|---|---|---|--|
| (Last) 1370 TIN | ast) (First) (Middle) 370 TIMBERLAKE MANOR PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2014 | | | | | | | | | pelo | , | below) inance/Treasurer | | |
| (Street) CHESTE (City) | RFIELD M | | 63017 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deri\ | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or I | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Securi Benefi | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | Amount | | | (A (D |) or) | Price | Transa | ction(s) 3 and 4) | | (| | | | |
| Common | mon Stock 05/0 | | | | 8/2014 | /2014 | | | A | | 1,347 | 1) | A | \$77. | 6 2 | 1,448 | D | | |
| Common | Stock | | | 05/08 | 8/2014 | 1 | | | F | | 450(2) |) | D | \$77. | 6 2 | 20,998 D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| Security or Exe Price of Derivation | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title Amou Secur Under Deriva Secur and 4) | nt of ities lying ative ity (Inst | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) (D) | | | | Expiration Date | Title | Amou or Numl of Share | ber | | | | | |

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.