FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* ATKINSON DAVID B | | | | RI | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | ck all app Dired Offic | ctor er (give title | | 10% (| Owner (specify | |
|--|---|------|--------------------------------|-----------------|--|-------|--|------|---|--------|-----------------------|---|--|---|--|--|-------|--|------------|
| (Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2004 | | | | | | | | | belo | w) Executive | VP and | COO |) | |
| (Street) CHESTERFIELD MO 63017 (City) (State) (Zip) | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | on-Deriv | /ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | enefic | ially | / Own | ed | | | |
| Date | | | 2. Transa Date (Month/Da | Execution Date, | | Date, | | | es Acquired (A) or of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transportion(c) | | tion(s) | | | (111341.4) |
| Common Stock 02/05, | | | 02/05/ | 2004 | 2004 | | G | | 375 | D | \$ | 0 | 30,320 | | D | | | | |
| Common | Stock | | | 02/05/ | 2004 | | | S | | 320 | D | \$39 | .66 | 30 | ,000 | D | | | |
| Common Stock 0 | | | 02/05/ | 02/05/2004 | | | | S | | 2,250 | D | \$39 | .62 | 0 | | I | | Shares held by Mr. Atkinson's children | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | erivative conversion or Exercise (Month/Day/Year) str. 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

/s/ William L. Hutton, by Power of Attorney

02/06/2004

** 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.