FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB A | PPROVAL |
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| OMB Number: | 3235-028 |

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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

| OWD / II I I I | 7 V/ (L | | | | | |
|--------------------------|---------|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| Name and Address of Reporting Person* LAY JACK B | | | | | | | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | olicable) ctor er (give title | Other | Owner (specify |
|--|--|--|-------|---|----------|---|--|--|------------------|-----------|---|-------|--------------------------------|---|---|---|--|-------------------|
| (Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2009 | | | | | | | | | X belo | low) below Senior EVP & CFO | |) |
| (Street) CHESTERFIELD MO 63017 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | Day/Year) if a | | PA. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ties Acquired (A) o I Of (D) (Instr. 3, 4 | | | d Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (A) (D) |) or) | Price | Trans | action(s) 3 and 4) | | (, | | | |
| Common Stock 02 | | | | | /10/2009 | | | | F | | 2,068(1 | 1) D | | \$35. | 11 4 | 10,302 | D | |
| | 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 Execution Date, if any (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | nber | | | | |

Explanation of Responses:

1. Shares of common stock delivered to issuer as payment for taxes withheld. The reported share price is the closing price on Feb. 6, 2009, which is the price that was used for tax withholding purposes. The net shares were transferred to the reporting person on Feb. 10, 2009.

> William Hutton, by power of attorney

02/10/2009

** 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.