FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPE	ROVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
-	hours nor resnance.	0.5							

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

														5 5 1 2 1 1 5 2 2 5 4 1 1						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SCHUSTER PAUL A						REINSURANCE GROUP OF AMERICA								, 250.	Directo			10% Ov	vner	
		- 11 2	INC [RGA]								X		(give title		Other (s	specify				
(Last)	(Fi	irst)	3 [Date of Earliest Transaction (Month/Day/Year)									below)		_	below)				
1370 TIN	MBERLAK		11/13/2009								Senior Exec VP									
(Ctroot)			⁻ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														X	,					
CHESTERFIELD MO 63017														Λ						
-					-										Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	tr. 3)		2. Transa	ction	2A	. Deer	ned	3.		4. Securitie	s Acquired	(A) or		5. Amou	nt of			7. Nature	
	, ,	,		Date (Month/D	av/Year	Execution Date, /Year) if any			Transa Code (I		Disposed C	Of (D) (Instr. 3, 4 and 5)			Securities Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial	
(MO					ay/ I ca		(Month/Day/Year)							Owned F		ollowing (i) (nstr. 4)	Ownership	
									Code V Amou		Amount	(A) or Price		Reported Transaction(s)				(Instr. 4)		
			_						(D)			(Instr. 3	and 4)							
Common Stock 11/13/20							009		M		20,762	A	\$3	1.91	53,	53,019		D		
Common Stock 11/13/20						:009			S		20,762	D	\$47.	6221	221 32,257			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deen	ned	4.		5. N	umber	6. Date I	Exerc	isable and	7. Title an	d Amo	unt 8	. Price of	9. Number	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Executio if any	n Date,	Transa	ction of		Expiration Date (Month/Day/Year)			of Securit Underlyin		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Instr. 3) Price of Derivative Security Security				8)	ode (Instr.		Securities		` De			Secur		nstr. 5)	Beneficially		Direct (D)	Ownership	
							Acquired (A) or		(Instr. 3 and 4)				1d 4)			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
							Disposed of (D) (Instr.									Reported Transaction(s)				
								3, 4 and 5)								(Instr. 4)				
			Ī									Amo	unt							
													or Numi	ber						
					Code	v	(A)	(D)	Date Exercisa	abla	Expiration Date	Title	of Share							
					Cons	•	(4)	(0)	Exercise	abie	Date	Title	Silar	53					-	
Stock Option	* 21.01	11/12/2000			.,			20.762	01/01/2	007	01/01/2012	Common]	,c.,	00			ъ		
(right to	\$31.91	11/13/2009			M			20,762	01/01/2	007	01/01/2012	Stock	20,7	02	\$0	0		D		

Explanation of Responses:

William Hutton, by power of attorney

11/16/2009

** 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.