FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI

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

Name and Address of Reporting Person* O'HEARN STEPHEN T				<u>R</u>	2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]							(Ch	elationship of eck all application X	or		on(s) to Issuer		
(Last) 16600 SV	,	irst) RIDGE ROAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024								Officer below)	r (give title)		Other (specify below)	
(Street) CHESTE	RFIELD N	4O	63017		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									to satisfy				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Transaction Disposed Of Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F Reported	Form (D) of		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	tion(s)					
	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 (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/)	Date, Trans			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	UII(5)		
Common stock	\$0 ⁽¹⁾	05/22/2024			A		1,343 ⁽²⁾		(3)		(4)	Common stock	1,343	\$212.2	1,343	3	D ⁽⁵⁾	

Explanation of Responses:

- 1. 1 for 1 based upon fair market value of Common Stock.
- 2. Acquired pursuant to deferral of stock grant (1,343 shares) to independent directors for services performed as a director.
- 3. Director can elect to receive payment (1) upon retirement or (2) after a five or seven year deferral period.
- 4. Distributable upon director's retirement from the Board in accordance with distribution elections.
- 5. The Reporting Person beneficially owns a total of 5,962 phantom shares.

Remarks:

/s/ William L. Hutton, by 05/24/2024 Power of Attorney

** 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.