FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ATEMENT O | F CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------------|-----------|---------------|-----------------|
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| | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* METLIFE INC | | | | | RE | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | II app | o of Repor dicable) tor er (give titl | | X 10% | Owner (specify | | | |
|---|--|--|------|------------------------------|--|--|---|--|--|-----------|---|---|-----------------------|--|---------|---|---|---|----------------|------------|--|--|
| (Last) ONE MA | ast) (First) (Middle) NE MADISON AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2003 | | | | | | | | | | below) below) | | | | | |
| (Street) NEW YORK NY 10010-3690 (City) (State) (Zip) | | | | 4. If | 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 - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially O | wne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | Execution Date, | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trai | nsact | i ion(s) and 4) | | | (Instr. 4) | | |
| Common Stock, Par Value \$.01 Per Share 11/13/200 | | | | | 003 | 3 | | P | | 2,205,000 | A | \$36. | 55 2,532 | | 2,600 | D | | | | | | |
| Common Stock, Par Value \$.01 Per Share 11/13/200 | | | | 003 |)3 | | P | | 795,000 | A | \$36. | .65 24,9 | | 926,250 | | I | See Footnote. ⁽¹⁾ | | | | | |
| Common Stock, Par Value \$.01 Per Share | | | | | | | | | | | | | 4,784 | | 34,689 | | I | See Footnote. ⁽²⁾ | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Security Instr. 3) Date (Month/Day/Year) Date (Month/Day/Year) If any (Month/Day/Year) Month/Day/Year) Security | | | | 4. Transa Code (8) | | 5. Nu of Deriv Secul Acqu (A) of Dispo of (D) (Instrand 5 | ative rities ired osed | Expira (Monti | 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 | | Derivative Security (Instr. 5) | | ily | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | | | |

Explanation of Responses:

- 1. These shares are directly owned by Equity Intermediary Company, which is a wholly-owned subsidiary of General American Life Insurance Company, which is a wholly-owned subsidiary of Metropolitan Life Insurance Company.
- 2. These shares are directly owned by Metropolitan Life Insurance Company, which is a wholly-owned subsidiary of MetLife, Inc., and previously reported on a Form 5 filed for December 2000.

Anthony J. Williamson, (Senior Vice-President and

11/17/2003

Treasurer)

** 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.