FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to							
٦.	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* EASON J CLIFF						2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]									check a	tionship of Reporting all applicable) Director Officer (give title below)		10% (wner
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2017												below	(specify)
(Street) CHESTERFIELD MO 63017 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X	idual or Joint/Group Filing (Check Applicable 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. Transact Date (Month/Day						Execution						rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and 5) Se Be Ow		ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	(A) or (D) Prid		Price	Ti	Reported Transaction(s) (Instr. 3 and 4)			(111511.4)
Common Stock 03/03/2							2017		S		1,854]	D	\$129	29.62		,700	D	
Common Stock 03/03/2						2017			G		3,700]	D	\$0		10,000		D	
		Та							,		sed of, onvertib			-	y Owr	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactior Code (Instr. 8)		on of		6. Date E Expiratio (Month/E	n Dat		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivat Securit (Instr. !	tive do	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	nber					

Explanation of Responses:

William Hutton, by power of attorney

03/06/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).