FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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 Eychange Act of 1934

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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| | | | | | or Section | on 30(h) of the | nvestmen | t Com | pany Act | of 19 | 940 | | | | | |
| 1. Name and Address of Reporting Person* Cochran Scott D. (Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY | | | | | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2014 | | | | | | | . Relationshi Check all app Direc | olicable) | g Person(s) to I | | |
| | | | | | | | | | | | | X Office below | , | | Other (specify below) | |
| (Street) CHESTERFIELD MO 63017 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | Pers | | o than one rep | , o. tg |
| | | Tabl | e I - Nor | -Deriv | ative Se | curities Ac | quired, | Disp | osed o | f, o | r Bene | ficia | ally Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed (Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Securi Benefi Owned | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 05/27 | 7/2014 | | S | | 284 | | D | \$7 | \$78 8,603 D | | | |
| | | Та | | | | rities Acqu , warrants, | | | | | | | y Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | nversion Date Execution Date, Transaction Of Code (Instr. Der ivative curity Code Code (Instr. Der if any (Month/Day/Year) Of Code (Instr. Der if any (Month/Day/Year) Of Code (Instr. Der if any (Month/Day/Year) Of Code (Instr. Der ivative curity Of C | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Date Exercisable

Expiration Date

Explanation of Responses:

William L. Hutton

Title

05/28/2014

** Signature of Reporting Person

Amount or Number

of Shares

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).

Code

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.

(A) (D)