FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	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

1. Name and Address of Reporting Person*  LARSON TODD C  (Last) (First) (Middle)  16600 SWINGLEY RIDGE ROAD						Issuer Name and Ticker or Trading Symbol     REINSURANCE GROUP OF AMERICA     INC [ RGA ]      Date of Earliest Transaction (Month/Day/Year)     05/11/2023								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  SEVP, Chief Financial Officer					
(Street) CHESTERFIELD MO 63017															Individual or Joint/Group Filing (Check Applicable te)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													plan th	nat is intende	d to				
1. Title of Se	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  2. Deemed  3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature												7. Nature						
Date (Month/Day					ay/Year)   if any		ecution Date, ny onth/Day/Year)		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		tr. 3, 4 and	Benefici Owned I	ially (D) ( Following (I) (I		or Indirect	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common S	tock			05/11/2	2023		М		1,828	A	\$78.4	8 46	46,088		D				
Common Stock 05/11/2					2023		F		810(1)	D	\$149.	49 45	,278		D				
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	exercise (Month/Day/Year) if any Cod te of ivative (Month/Day/Year) 8)		Transac Code (I	ransaction of ode (Instr. Derivative		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(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V		v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Stock Appreciation Right (right to purchase) 2014	\$78.48	05/11/2023			M			3,848	(2)		03/07/2024	Common Stock	3,848	\$0	0		D		

## **Explanation of Responses:**

- 1. Represents (i) 2,020 shares sold to pay the exercise price the purchase of common stock, and (ii) 810 shares withheld to satisfy Company tax withholding obligations, resulting in a net settlement of 1,018
- 2. SARs grants vest in 25% increments over four years, starting on December 31 of the year of grant.

## Remarks:

William Hutton, by power of attorney

05/15/2023

\*\* 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.