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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
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1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(S) to Issuer Laughlin John P Jr InC [RGA] Director 10% Owner L(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner IG600 SWINGLEY RIDGE ROAD 3. Date of Earliest Transaction (Month/Day/Year) 0. Individuel or Joint/Group Filing (Check Applicable) (Street) Inf Amendment, Date of Original Filed (Month/Day/Year) 6. Individuel or Joint/Group Filing (Check Applicable) (City) (State) (Zip) Inf Amendment, Date of Original Filed (Month/Day/Year) 6. Individuel or Joint/Group Filing (Check Applicable)			
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD 3. Date of Earliest Transaction (Month/Day/Year) EVP (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) CHESTERFIELD MO 63017 X Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person		REINSURANCE GROUP OF AMERICA	(Check all applicable) Director 10% Owner Officer (give title Other (specify
(Street) CHESTERFIELD MO 63017 K Form filed by One Reporting Person Form filed by More than One Reporting Person			, , , ,
	CHESTERFIELD MO 63017	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Execution Date, Transaction if any Code (Instr. (Month/Day/Year) 8)			4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or Price		Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	05/04/2017		Α		3,367 ⁽¹⁾	A	\$127.28	27,630	D	
Common Stock	05/04/2017		F		1,353(2)	D	\$127.28	26,277	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	vative rities ired r osed) . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Acquired pursuant to award of performance contingent stock granted in February 2014.

2. Shares of common stock delivered to issuer as payment for taxes withheld. The reported share price is the closing price on May 4, 2017, which is the price that was used for tax withholding purposes.

05/08/2017

Date ire of Reporting Person

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.