FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

	tion 1(b).	iuc. occ		Filed	pursua or Se	nt to S ection 3	Section 30(h) o	16(a) f the Ir	of the Se	ecuriti nt Con	es Exchang npany Act o	e Act of f 1940	of 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>LARSON TODD C</u>						2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]								(Chec	k all app Direc	licable)	ng Person(s) to Is 10% Ov Other (s		wner
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/30/2022								X	below	<i>I</i>)	inan	below)	·	
(Street) CHESTERFIELD MO 63017 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exe if an	Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		rice		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 11/30/2					2022				G		285	I)	\$ <mark>0</mark>	36,636			D	
		Tal									osed of, o				Owned	d			
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. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Numb of Share						

Explanation of Responses:

Remarks:

William Hutton, by power of attorney

12/02/2022

** 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.