SEC Form 4	
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# FORM 4

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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Filed purcuant to Section 16(a) of the Securities Exchange Act

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

											3				
1. Name and Address of Reporting Person*     O'HEARN STEPHEN T     (Last)   (First)     (Middle)     16600 SWINGLEY RIDGE ROAD				2. Issuer Name and Ticker or Trading Symbol <u>REINSURANCE GROUP OF AMERICA</u> <u>INC</u> [ RGA ]					(Ch	Relationship eck all appli X Directo	cable)	) Person(s) to I 10% C			
				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023							Officer (give title C below) b			(specify	
(Street)					4. If Am	nendment, Date	of Original	Filed	(Month/Da	ay/Year)	Line	e)		Filing (Check A	
(Street) CHEST	ERFIELD N	VIO	63017										iled by More	Reporting Pers than One Rep	
(City)	(S	State)	(Zip)		Rule	10b5-1(c	) Trans	acti	on Ind	ication					
					Ch sat	eck this box to ind isfy the affirmative	icate that a t defense co	ransa	ction was m is of Rule 1	nade pursua 0b5-1(c). Se	nt to a con e Instructi	tract, instructi on 10.	on or written p	plan that is intend	led to
		Tab	le I - Noi	n-Deriva	ative S	ecurities Ac	quired,	Disp	osed o	f, or Bei	neficial	ly Owned	b		
1. Title of Security (Instr. 3) Date (Month/E			Execution Date,		3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)   Code (Instr. 8) 5)		ed (A) or	4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
l.				Date (Month/D	ay/Year)	if any	Code (In			d Of (D) (Ins		d Securiti Benefici Owned	es ally Following	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
					ay/Year)	if any	Code (In			d Of (D) (Ins (A) or (D)	tr. 3, 4 an	d Securiti Benefici	es ially Following d tion(s)	Form: Direct (D) or Indirect	of Indirect Beneficial
		1		(Month/D Derivat	ive Sec	if any	r) Code (II 8) Code uired, D	v spo	5) Amount	(A) or (D) or Bene	Price	d Securiti Benefici Owned I Reporte Transac (Instr. 3	es ially Following d tion(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(Month/D Derivat (e.g., pu ed 4 Date, 7 C	tive Sec uts, cal	if any (Month/Day/Yea curities Acq Is, warrants 5. Number of Derivative	r) Code (II 8) Code uired, D	v Spo S, Co ercis	5) Amount osed of, onvertil	(A) or (D) or Bene	tr. 3, 4 an Price ficially rities)	d Securiti Benefici Owned I Reporte Transac (Instr. 3	es ially Following d tion(s)	Form: Direct (D) or Indirect (I) (Instr. 4) of 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirec Beneficia Ownersh (Instr. 4)

Date Exercisable

(3)

(D)

1,972<sup>(2)</sup>

Expiratior Date

(4)

Title

Common

Stock

### \$0.0<sup>(1)</sup> Stock

Explanation of Responses:

1. 1 for 1 based upon fair market value of Common Stock.

2. Acquired pursuant to deferral of stock grant (1,972 shares) to independent directors for services performed as a director.

3. Director can elect to receive payment (1) upon retirement or (2) after a five or seven year deferral period.

4. Distributable upon director's retirement from the Board in accordance with distribution elections.

5. The reporting person beneficially owns a total of 4,531 phantom shares.

05/24/2023

#### **Remarks:**

Common

# /s/ William L. Hutton by power 05/26/2023 of attorney

\$144.54

1,972

**D**<sup>(5)</sup>

\*\* Signature of Reporting Person Date

Amount or Number

Shares

1,972

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 v (A)

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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.