## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	FICIAL O	<b>WNERSHIP</b>

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

	Check this box if no longer subject to
١	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

Name and Address of Reporting Person*     Sievert Frederick James					RE	2. Issuer Name <b>and</b> Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [ RGA ]									Check all ap	all applicable) Director		g Person(s) to Issuer  10% Owner	
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015										Officer (give title below)		Other (specify below)	
(Street) CHESTERFIELD MO 63017 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Trans Date (Month/I						2A. Deeme Execution if any (Month/Day		n Date,	Code (Instr.						nd Secu Bene	icially d Following	Fori	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(1	A) or D)	Price	Trans	action(s) 3 and 4)			(1130.4)
Common Stock 02					5/2015			G		528		D	D \$0		15,397		D		
		Та									sed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)			Transa Code (	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exercisal		Expiration Date	Title	Amo or Num of Sha	ber					

Explanation of Responses:

William L. Hutton

02/06/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.