FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 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* EASON J CLIFF | | | | | RE | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | (Che | eck all app | ctor | 109 | 6 Owner | |
|--|--|--|--|-------|---|--|-----|--|---|---------|--------------------|---|-------------------------|------------------------|---|---|---|--|--|
| (Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2007 | | | | | | | | | belo | er (give title w) | Otr bel | er (specify ow) | |
| (Street) CHESTERFIELD MO 63017 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) K Forn Forn | vidual or Joint/Group Filing (Check Applicable 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. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5) | | | | | Secur Benef | icially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock 02/20/2 | | | | | /2007 | 2007 | | A | | 1,200(1 | .) | A | \$59.6 | 3 | 7,050 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Fransaction Code (Instr. 3) | | | | 6. Date Exerciss Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of erivative ecurity nstr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Acquired pursuant to annual grant of shares to independent directors for services performed as a director.

William Hutton, by power of <u>attorney</u>

02/22/2007

** 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.