FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL |
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OMB Number: 3235-0287 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).

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

| Name and Address of Reporting Person* EASON J CLIFF | | | | | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|--|--|------------------------------------|--|---|-----|---|--------------------|--|--|---|--|--|--|--|
| | | | | | INC [RGA] | | | | | | | X Directo | r | 10% Ov | ner | |
| (Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2011 | | | | | | | Officer below) | (give title | Other (s below) | pecify | |
| (Street) CHESTERFIELD MO 63017 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) (State) (Zip) | | | | | | | | | | | Person | | | | | |
| | | Tal | ole I - Non-D | Derivativ | /e Se | curities | Ac | quired, Di | sposed o | f, or Ber | neficiall | y Owned | | | | |
| Date | | | | . Transactio ate Month/Day/\ | Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. b) 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F Reported | s Formally (D) (ollowing (I) (I | o. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | instr. 4) | |
| | | | Table II - De (e. | | | | | uired, Disp , options, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code (Instr | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 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 | | Transaction(s) (Instr. 4) | | | |
| Phantom Stock | \$0 ⁽¹⁾ | 02/22/2011 | | A | | 2,125 ⁽²⁾ | | (3) | 02/22/2021 | Common Stock | 2,125 | \$59.74 | 2,125 | D ⁽⁴⁾ | | |

Explanation of Responses:

- 1. 1 for 1 based upon fair market value of Common Stock.
- 2. Acquired in lieu of annual grant of common shares to independent directors for services performed as a director.
- 3. Vests on the earlier of (i) 10 years from the last of the plan year in which the phantom unit is granted, or (ii) the holder's retirement. Payable in cash or common stock, at the election of the Board.
- 4. Mr. Eason beneficially owns a total of 18,508 phantom shares of various classes.

William Hutton,by power of attorney

02/24/2011

** 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.