FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL								
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).

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* Sievert Frederick James (Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD						Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] Date of Earliest Transaction (Month/Day/Year) 06/13/2017									5. Relationship of Report (Check all applicable) X Director Officer (give title below))	10%	Owner (specify	
(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. Transa Date (Month/D						/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		3. 4. Securities Disposed O Code (Instr. 8)					and Se Be Ov	Amount of curities neficially vned Follow ported	F	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount		(A) or (D)	Price	_ Tra	nsaction(s str. 3 and 4			(111501.4)			
Common	06/13	/13/2017				G		395	D		\$	12,752			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 Execution Date, if any (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		of	rative rities ired r osed)	6. Date Ex Expiration (Month/Da	n Date	Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Management of Number 1985		ount	8. Price Derivati Security (Instr. 5	ve deriva Securi Benefi Owned Follow Repor	ties cially d ing ted action(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Со		V (A) (D)				Expiration Date	Title	of Sha	res							

Explanation of Responses:

William L. Hutton

06/14/2017

** 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.