FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

OMB APPROVAL									
OMB Number:	3235-0287								
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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*  HERRMANN RONALD  (Last) (First) (Middle)  16600 SWINGLEY RIDGE ROAD  (Street)  CHESTERFIELD MO 63017						Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [ RGA ]      Date of Earliest Transaction (Month/Day/Year)     11/07/2023      If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reportir (Check all applicable)			wner specify plicable		
(City)	(Sta	te) (Z	üp)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant the affirmative defense conditions of Rule 10b5-1(c). See Instruc									to a contract, instruction or written plan that is intended to satisfy tion 10.						
		Table	e I - No	n-Deriv	ative	Sec	uriti	es Ac	quired	, Dis	posed o	f, or Bei	neficiall	y Owned						
			2. Transa Date (Month/D		E> if:	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefici Owned F Reported	es Formally (D) (Sollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3						
Common Stock				11/07	/2023				M		433	3 A \$		1 4	433		D			
Common Stock					11/07/2023				F		192(1)	D	\$155.0	5 2	241		D			
Common Stock					7/2023				М		483 A		\$106.5	724			D			
Common Stock 11/					2023			F		214 <sup>(2)</sup>	D	\$155.0	5 510			D				
		Ta	able II -						,		osed of, convertib		•	Owned		,	,	•		
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) (Month/Day/Year)			ned on Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and te	7. Title an Amount o Securities Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Stock Appreciation Right (right to purchase) 2021	\$129.01	11/07/2023			М			2,576	(3)		03/11/2031	Common Stock	2,576	\$0	2,577		D			
Stock Appreciation Right (right to purchase) 2022	\$106.53	11/07/2023			М		1,546		(3)	(3) 03/2		Common Stock	1,546	\$0	4,641		D			

## **Explanation of Responses:**

- 1. Represents (i) 2,143 shares sold to pay the exercise price the purchase of common stock, and (ii) 192 shares withheld to satisfy Company tax withholding obligations, resulting in a net settlement of 241 shares.
- 2. Represents (i) 1,063 shares sold to pay the exercise price the purchase of common stock, and (ii) 214 shares withheld to satisfy Company tax withholding obligations, resulting in a net settlement of 269 shares.
- 3. SARs grants vest in 25% increments over four years, starting on December 31 of the year of grant.

## Remarks:

/s/ William L. Hutton, by Power of Attorney

11/09/2023

\*\* 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.