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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).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL						
OMB Number	3235-02					

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						Secul	JII 30(II) C		Investment		npany Act o	JI 1940								
1. Name and Address of Reporting Person [*] <u>Hayden John W.</u>					RE	2. Issuer Name and Ticker or Trading Symbol <u>REINSURANCE GROUP OF AMERICA</u> <u>INC</u> [RGA]								eck all applic Directo	ationship of Reporting k all applicable) Director		10% Ov	vner		
					<u> </u>			.						X Officer below)	(give title		Other (s below)	specity		
(Last) (First) (Middle) 16600 SWINGLEY RIDGE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								EVP, Controller						
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line) X Form filed by One Reporting Person					
CHESTERFIELD MO 63017													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication															
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tabl		Dariu		S o.	wition					f or Bor	oficial	v Owned						
			e I - NOI			_				JIS	1			y Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)						Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 8) 5)					es For ally (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
					Code				v	Amount	(A) or (D)	Price		oorted nsaction(s) str. 3 and 4)			(Instr. 4)			
	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/D	n Date,	4. Transactic Code (Inst) 8)				6. Date Exe Expiration (Month/Day	Date	e	nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares							
Stock Appreciation Right (right to purchase) 2024	\$185.28	03/15/2024			Α		1,017		(1)		03/15/2034	Common Stock	1,017	\$185.28	1,01'	7	D			
Restricted Share Unit - March 2024	\$185.28	03/15/2024			A		373		12/31/2020	5	(1)	Common Stock	373	\$185.28	373		D			

Explanation of Responses:

1. Stock appreciation rights and restricted share units settle in Common Stock, vest in 33 and 1/3% increments over three years, and fully vest on December 31, 2026.

Remarks:

/s/ William L. Hutton, by

Power of Attorney

Date

03/19/2024

** Signature of Reporting Person

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.