**METLIFE INC** Form 4 June 14, 2016

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287

Estimated average

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

**OMB APPROVAL** 

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * KELLY EDWARD J III |          |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer |  |  |  |
|--|----------|----------|--|--|--|--|--|
|  |          |          | METLIFE INC [MET]                                  | (Check all applicable)                           |  |  |  |
| (Last)   | (First)  | (Middle) | 3. Date of Earliest Transaction                    |  |  |  |  |
|  |          |          | (Month/Day/Year)                                   | X Director 10% Owner                             |  |  |  |
| 200 PARK AVENUE  |          |          | 06/13/2016   | Officer (give title Other (specify below)        |  |  |  |
|  | (Street) |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check        |  |  |  |
|  |          |          | Filed(Month/Day/Year)                              | Applicable Line)                                 |  |  |  |
|  |          |          |  | _X_ Form filed by One Reporting Person           |  |  |  |
| NEW YORK, NY 10166   |          |          |  | Form filed by More than One Reporting Person     |  |  |  |
| (C:t)  | (Stata)  | (7:n)    |  |  |  |  |  |

| (City)                               | (State)   | Tabl | le I - Non-I                            | Derivative S  | ecuriti          | es Acqu    | iired, Disposed of  | f, or Beneficiall                | y Owned                                    |
|--------------------------------------|---|------|---|---|------------------|------------|---|----------------------------------|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) |      | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) |                  |            | Securities Beneficially                                     | 6. Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership |
|                                      |   |      | Code V                                  | Amount  | (A)<br>or<br>(D) | Price      | Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Indirect (I)<br>(Instr. 4)       | (Instr. 4)                                 |
| Common<br>Stock                      | 06/13/2016  |      | A(1)                                    | 28.7229   | A                | \$<br>42.9 | 3,109.2518  | D                                |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: METLIFE INC - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exer | cisable and | 7. Title a  | nd 8.  | . Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|-------------|--------|------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transact   | iorNumber  | Expiration D | Date        | Amount of   | of D   | erivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day   | /Year)      | Underlyii   | ng S   | ecurity    | Secur  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivati   | ve           |             | Securities  | s (I   | (nstr. 5)  | Bene   |
|             | Derivative  |                     | •                  |            | Securitie  | es           |             | (Instr. 3 a | and 4) |            | Own    |
|             | Security    |                     |                    |            | Acquire    | d            |             |             |        |            | Follo  |
|             | •           |                     |                    |            | (A) or     |              |             |             |        |            | Repo   |
|             |             |                     |                    |            | Dispose    | d            |             |             |        |            | Trans  |
|             |             |                     |                    |            | of (D)     |              |             |             |        |            | (Instr |
|             |             |                     |                    |            | (Instr. 3, | •            |             |             |        |            | ·      |
|             |             |                     |                    |            | 4, and 5   | )            |             |             |        |            |        |
|             |             |                     |                    | C 1 1      | (A) (D)    | . D.         | F           | m: 1 A      | ,      |            |        |
|             |             |                     |                    | Code V     | (A) (D     | ·            | Expiration  |             |        |            |        |
|             |             |                     |                    |            |            | Exercisable  | Date        | or          |        |            |        |
|             |             |                     |                    |            |            |              |             |             | ımber  |            |        |
|             |             |                     |                    |            |            |              |             | of          |        |            |        |
|             |             |                     |                    |            |            |              |             | Sh          | ares   |            |        |

## **Reporting Owners**

| Reporting Owner Name / Address                              | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| reporting o where there is a real constant of               | Director      | 10% Owner | Officer | Other |  |  |  |
| KELLY EDWARD J III<br>200 PARK AVENUE<br>NEW YORK, NY 10166 | X             |           |         |       |  |  |  |

### **Signatures**

Mark A. Schuman, authorized signer 06/14/2016

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).

Represents imputed reinvestment of dividends on Deferred Shares in the Reporting Person's deferral account pursuant to the MetLife

(1) Deferred Compensation Plan for Non-Management Directors. Deferred Shares represent shares of MetLife, Inc. common stock that have become payable, but that remain unpaid because payment has been deferred.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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