### Edgar Filing: REINSURANCE GROUP OF AMERICA INC - Form 4/A

#### REINSURANCE GROUP OF AMERICA INC

Form 4/A March 07, 2016

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

Check this box

See Instruction

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

2. Issuer Name and Ticker or Trading

REINSURANCE GROUP OF

AMERICA INC [RGA]

3. Date of Earliest Transaction

4. If Amendment, Date Original

(Month/Day/Year)

Filed(Month/Day/Year)

3.

Code

(Instr. 8)

02/24/2016

02/26/2016

Symbol

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \*

HENDERSON ALAN C

(First) (Middle)

16600 SWINGLEY RIDGE ROAD

(Street)

CHESTERFIELD, MO 63017

(Zip)

(City) (State) 2. Transaction Date 2A. Deemed

1.Title of Security (Month/Day/Year) (Instr. 3)

(Month/Day/Year)

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

Execution Date, if

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 control number.

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

4. Securities

Code V Amount (D) Price

Disposed of (D)

(Instr. 3, 4 and 5)

(A)

or

TransactionAcquired (A) or

1. Title of 3. Transaction Date 3A. Deemed Derivative (Month/Day/Year) Execution Date, if Conversion Security or Exercise any

5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8. Underlying Securities De (Instr. 3 and 4) Se

**OMB APPROVAL** 

OMB 3235-0287 Number: January 31,

Estimated average burden hours per

Expires:

response... 0.5

2005

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner Other (specify Officer (give title

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Reported

Transaction(s)

(Instr. 3 and 4)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Owned Ownership (I) Following

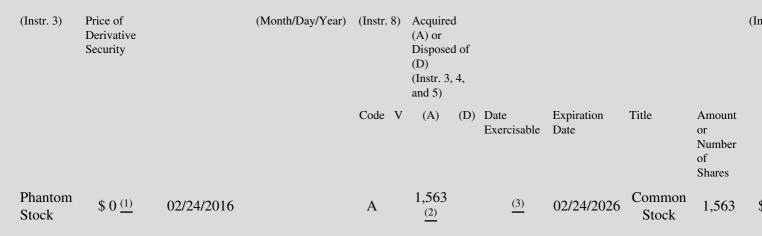
(Instr. 4)

(Instr. 4)

SEC 1474 (9-02)

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## **Reporting Owners**

#### Relationships

Reporting Owner Name / Address

Director  $\frac{10\%}{\text{Owner}}$  Officer Other

HENDERSON ALAN C 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017

# **Signatures**

William Hutton, by power of attorney

03/07/2016

\*\*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).
- (1) 1 for 1 based upon fair market value of Common Stock.
- (2) Acquired pursuant to annual grant of 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) The previous FN4 is hereby amended. Mr. Henderson beneficially owns a total of 2,649 phantom shares of various classes.

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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