

REINSURANCE GROUP OF AMERICA INC  
 Form 3  
 January 09, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â O BRYANT ALLAN		(Month/Day/Year)	REINSURANCE GROUP OF AMERICA INC [RGA]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
			(Check all applicable)	
16600 SWINGLEY RIDGE ROAD			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
CHESTERFIELD,Â MOÂ 63017			(give title below)	(specify below)
(City)	(State)	(Zip)	EVP	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	11,372	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Edgar Filing: REINSURANCE GROUP OF AMERICA INC - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Appreciation Right (right to purchase) 2014	12/31/2014	03/07/2024	Common Stock	5,514	\$ 78.48	D	Â
Stock Appreciation Right (right to purchase) 2012	12/31/2012	02/28/2022	Common Stock	10,563	\$ 56.65	D	Â
Stock Appreciation Right (right to purchase) 2015	12/31/2015	03/06/2025	Common Stock	5,640	\$ 90.06	D	Â
Stock Appreciation Right (right to purchase) 2013	12/31/2013	02/21/2023	Common Stock	11,210	\$ 58.77	D	Â
Stock Appreciation Right (right to purchase) 2016	12/31/2016	03/04/2026	Common Stock	6,601	\$ 93.53	D	Â
Staff Appreciation Right (right to purchase) 2011	12/31/2011	02/22/2021	Common Stock	8,326	\$ 59.74	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O BRYANT ALLAN 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017	Â	Â	Â EVP	Â

## Signatures

/s/ William L. Hutton, as Attorney-in-Fact for Allan E.  
O'Bryant

01/09/2017

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Â

### Remarks:

Exhibit List - Exhibit 24 - Power of Attorney for Allan E. O'Bryant

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.