Edgar Filing: METLIFE INC - Form 4

METLIFE IN	١C										
Form 4	_										
June 15, 201											
FORM	4 UNITE	D STATES		RITIES A			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 1	<u> </u>	BENEFI		LOW	NERSHIP OF	Expires: January 3 20 Estimated average burden hours per					
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed J ¹⁵ Section 1	7(a) of the	Public Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	response n	0.5	
(Print or Type F	Responses)										
MORRISON DENISE M Symbol			Symbol	Name and		Tradiı	ıg	5. Relationship of Reporting Person(s) to Issuer			
				FE INC [N	-			(Check all applicable)			
(Last) 200 PARK A	(First) AVENUE	(Middle)	3. Date of (Month/D 06/14/20	-	ansaction			X Director Officer (give below)		Owner r (specify	
			ndment, Dat hth/Day/Year)	-	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORI	K, NY 10166								Iore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/14/2016			A <u>(1)</u>	3,550	А	\$ 42.26	9,037	D		

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

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	ction C 3) I S A (I C C (Securities Acquired (A) or Disposed of (D) (Instr. 3,		S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code N		4, and (A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
1 0	Director	10% Owner	Officer	Other					
MORRISON DENISE M 200 PARK AVENUE NEW YORK, NY 10166	Х								
Signatures									
Mark A. Schuman, authorized signer		06/15/201	6						

**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) These shares were paid pursuant to MetLife, Inc.'s non-management Director compensation arrangements, whereby 50% of annual retainer fees are paid in Company common stock.

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.