## Edgar Filing: METLIFE INC - Form 4

METLIFE I	NC											
Form 4												
March 17, 2	2015											
FORM	ΛΔ								OMB AF	PROVAL		
	UNITED	STATES S			AND EXC , D.C. 205		NGE CO	OMMISSION	OMB Number:	3235-0287		
Check the check	nger								Expires:	January 31,		
subject		<b>IENT OF</b>	CHAN			CIAI	LOWN	ERSHIP OF	Estimated a	2005 verage		
Section 16. SEC					RITIES			burden hours per				
Form 4 Form 5					a	-			response	0.5		
obligatio	-						-	Act of 1934,				
may cor	ntinue. Section 17(							1935 or Section				
See Inst	ruction	30(n) 0	or the fr	ivestment	Company	Act	01 1940	)				
1(b).												
(Print or Type	Responses)											
	• ·											
1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading       5. Relationship of							Reporting Person(s) to					
KEANE JOHN M Symbol				-				Issuer				
				IFE INC [	[MET]			(Check all applicable)				
(Last) (First) (Middle) 3. Date			3. Date o	e of Earliest Transaction				(Check all applicable)				
200 PARK AVENUE 03/13/2 (Street) 4. If Am			(Month/I	nth/Day/Year)				_X_ Director10% Owner				
			03/13/2015					Officer (give titleOther (specify below)				
			4. If Am	endment, D	ate Original			6. Individual or Joint/Group Filing(Check				
			onth/Day/Yea	r)			Applicable Line)					
								_X_ Form filed by O Form filed by M				
NEW YOR	RK, NY 10166						1	Person		porting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ties Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.				5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution I	Date, if		or Disposed (Instr. 3, 4			Securities	Ownership	Indirect Beneficial		
(Instr. 3)		any (Month/Day	/Year)	Code (Instr. 8)	(IIIstr. 5, 4)	and 3)		Beneficially Owned	Form: Direct (D)	Ownership		
		(1.101111) 20 4)	,, 1000)	(115411-0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported	(I)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
a				Code V	Amount	(D)	Price	(mour. 5 and 7)				
Common Stock	03/13/2015			A <u>(1)</u>	204.099	А	\$ 51.35	33,672.3387	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)	onNumber H				7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	ŕ	ĺ.	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KEANE JOHN M 200 PARK AVENUE NEW YORK, NY 10166	Х							
Signatures								
Timothy J. Ring, authorized signer		03/17/2015						
<u>**</u> 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) Non-Management Director Deferred Compensation Plan. 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.