## Edgar Filing: METLIFE INC - Form 4

METLIFE I	NC											
Form 4												
June 14, 20	16											
FORM	ΛΔ								OMB AF	PROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box							Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						ERSHIP OF	Estimated average 200					
Section 16. SECURITIES							burden hours per					
	Form 4 or							response				
Form 5 obligation	-						-	Act of 1934,				
may cor								1935 or Section	l			
See Inst		30(h) c	of the Ir	nvestment	t Company	Act c	of 1940	)				
1(b).												
(Print or Type	Responses)											
(I mit of Type	(Caponaea)											
1. Name and	Address of Reporting	Person <sup>*</sup>	2. Issue	er Name <b>an</b>	d Ticker or Ti	ading	:	5. Relationship of l	Reporting Pers	on(s) to		
GRISE CHERYL W Symbol				i i tunic un		uuiing		Issuer				
· · · · · · · · · · · · · · · · · · ·			IFE INC	MET								
				of Earliest T				(Check all applicable)				
				Day/Year)	Talisaction			XDirector10% Owner				
			06/13/2	-				Officer (give title Other (specify				
			00/13/2010					below) below)				
(Street) 4. If A			4. If Am	endment, D	ate Original		(	6. Individual or Joint/Group Filing(Check				
Filed(Mo			onth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person					
NEWVOD	W NW 10166							_X_ Form filed by Of Form filed by Mo				
NEW YOR	RK, NY 10166						]	Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Se	curitie	es Acqu	ired, Disposed of,	or Beneficial	ly 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			Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day	v/Vear)	Code (Instr. 8)	(Instr. 3, 4 a)	nd 5)		Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
		(Monut/Da	y/1 cal)	(Insu. 0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported	(I)	. ,		
						or		Transaction(s)	(Instr. 4)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	06/13/2016			A(1)	314.4933	А	\$	38,751.9018	D			
Stock	0.10.2010			· · _	21.1900	• •	42.9	2 0,7 0 119 0 10				

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)	ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, an 7 (A)	ĺ.	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
GRISE CHERYL W 200 PARK AVENUE NEW YORK, NY 10166	Х							
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.