### Edgar Filing: KILTS JAMES M - Form 4

Check this box if no longer subject to Section 16. Check this box									N OMB Number: Expires: Estimate burden h response	January 31, 2005 d average ours per	
(Print or Type	Responses)										
KILTS JAMES M Sy			Symbol	er Name <b>an</b> IFE INC		r Tradi	ing	5. Relationship of Reporting Person(s) to Issuer			
			3. Date of Earliest Transaction (Month/Day/Year) 03/13/2019					(Check all applicable)         X_ Director       10% Owner         Officer (give title below)       Other (specify below)			
(Street) 4. If Ame				mendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
		(Zin)						Person			
(City)	(State)	(Zip)						cquired, Disposed			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any	n Date, if	Code (Instr. 8)	on(A) or D (D)	ispose	d of	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	03/13/2019			A <u>(1)</u>	485	А	\$ 44.7	73,049	D		
Common Stock								236	I	by JMK Investments 2, LP (2)	

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transa Code (Instr.				nof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Stock Equivalent Units	<u>(3)</u>	03/13/2019	A	<u>(4)</u>	108		(3)	(3)	Common Stock	108	\$ 44		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I. S. T.	Director	10% Owner	Officer	Other				
KILTS JAMES M METLIFE, INC., 200 PARK AVENUE NEW YORK, NY 10166	Х							
Signatures								
Mark A. Schuman, authorized signer	03/14/20	)19						
**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.
- (2) The Reporting Person disclaims beneficial ownership of 76.44% of shares held by JMK Investments 2, LP, representing limited partnership interests in trusts for the benefit of each of his children.

Each Common Stock Equivalent Unit is the economic value of one share of MetLife, Inc. common stock. Common Stock Equivalent Units were acquired pursuant to the MetLife Deferred Compensation Plan for Non-Management Directors, whereby Directors may elect

- (3) to defer receipt of cash retainer fees for a specified period of time into a fund that tracks MetLife, Inc. common stock. Common Stock Equivalent Units are settled in cash. Directors may transfer deferred cash retainer fees out of the fund that tracks MetLife, Inc. common stock and into other simulated investments.
- (4) Represents imputed reinvestment of dividends on Common Stock Equivalent Units.

#### **Remarks:**

The Reporting Person's Section 16 disclosure will round Deferred Shares and Deferred Share Equivalents to the nearest whole

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.