### Edgar Filing: WHEELER WILLIAM J - Form 4

WHEELER	R WILLIAM J											
Form 4												
April 03, 2007												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									<b>N</b> T	OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								N OMB Numbe	r: 3235-0287			
	his box		·······	,				Expires	January 31,			
if no los subject		MENT O	F CHAI	F CHANGES IN BENEFICIAL OWN					F .	2005		
Section	Section 16. SECURITIES									Estimated average burden hours per		
Form 4 Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							respon	se 0.5			
obligati								0				
may continue. 20(h) of the Investment Company Act of 1955 of Section												
<i>See</i> Inst 1(b).	truction	50(II)	of the f	nvestment	compa	11 y 1 y		-+0				
(Print or Type	Responses)											
1 Name and	Address of Reporting	Person *	<b>2</b> I	- Nama and	I TT: -1		1:	5 Relationshin	of Reporting	$\mathbf{Person}(s)$ to		
	R WILLIAM J		2. Issuer Name <b>and</b> Ticker or Trading Symbol				ung	5. Relationship of Reporting Person(s) to Issuer				
		METLIFE INC [MET]										
(Last)	(First)	(Middle)						(Check all applicable)				
(Last) (Filst) (Induc)			(Month/Day/Year)					Director 10% Owner				
200 PARK AVENUE			03/30/2007					XOfficer (give titleOther (specify below) below)				
								E.V.P. and C.F.O.				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
		Applicable Line)										
						_X_ Form filed by One Reporting Person Form filed by More than One Reporting						
NEW YOR	RK, NY 10166							Person	,			
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivativo	e Secu	rities Ac	quired, Disposed	of, or Bene	ficially Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		ution Date, if Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect			
(Instr. 3) any (Month			Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
		(1.101111)2	uj, 10ul)	(1115111-0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
						or	р.	(Instr. 3 and 4)	(11150.4)			
Common				Code V		(D)	Price \$					
Stock	03/30/2007			A <u>(1)</u>	9,762	А	ф 63.15	33,248	D			
										By MetLife		
Common								10	Ι	Policyholder		
Stock								-0	-	Trust $(2)$		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address				
Reporting Owner Punie / Putitess	Director	10% Owner	Officer	Other
WHEELER WILLIAM J 200 PARK AVENUE NEW YORK, NY 10166			E.V.P. and C.F.O.	
Signatures				
Gwenn L. Carr, authorized signer	0	4/03/2007		

Date

#### <u>\*\*</u>Signature of Reporting Person

# **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) Shares acquired pursuant to the MetLife Long Term Compensation Plan for the performance period April 1, 2004 to March 31, 2007.
- (2) Shares held in trust under MetLife Policyholder Trust established to hold shares of Common Stock allocated to eligible policyholders of Metropolitan Life Insurance Company, a wholly-owned subsidiary of MetLife, Inc.

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.