Edgar Filing: HASSELL GERALD L - Form 4

	GERALD L													
Form 4 May 10, 20	18													
•	ЛЛ											OMB	APPROV	AL
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								<u> </u>	OMB Number:	: 3235-028			
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	rsuant to S (a) of the I	 PF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 								FEb	Expires: January 31 2005 Estimated average burden hours per response 0.5			
(Print or Type	Responses)													
1. Name and Address of Reporting Person <u>*</u> HASSELL GERALD L			2. Issuer Name and Ticker or Trading Symbol METLIFE INC [MET]						ing	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
1)			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)						
				mendment, Date Original Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
NEW YOR	RK, NY 10166									Form filed by Person	/ More	e than One	Reporting	
(City)	(State)	(Zip)	Tał	ole I - N	on-	Derivati	ve S	Secu	rities Acc	uired, Disposed	of, or	r Benefic	cially Own	ed
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ear) Execution Date, if Transaction(A) or			(Instr. 3	Dispo , 4 a	osed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	rities Ownership ficially Form: ed Direct (D) wing or Indirect rted (I) saction(s) (Instr. 4)		7. Nature (Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/09/2018			Р		10,000) /	A	\$ 46.18 (1)	11,018	D			
Common Stock										29	I		By the MetLife Policyho Trust (2)	older

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

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number.

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (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	Relationships								
	Director	10% Owner	Officer	Other					
HASSELL GERALD L 200 PARK AVENUE NEW YORK, NY 10166	Х								
Signatures									
Mark A. Schuman, authorized signer		05/10/201	8						
**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).

The price reported is the weighted average price of the aggregate number of shares purchased in multiple open market transactions. The shares were purchased at prices \$46.175 to \$46.19, inclusive. The Reporting Person undertakes to provide to the staff of the SEC,

- (1) Shares were purchased at prices \$40.175 to \$40.19, inclusive. The Reporting Person undertakes to provide to the start of the SEC,
 MetLife, Inc., or a security holder of the Issuer, upon request, full information regarding the number of shares purchased at each separate price.
- (2) Shares held in trust under the 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.