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BENMOSCHE RUBERT H Form 4 December 15, 2007 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 5 Check this box if no longer subject to Section 16. Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b).											
(Print or Type Res	sponses)										
1. Name and Add BENMOSCHI	2. Issuer Name and Ticker or Trading Symbol METLIFE INC [MET]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (M	/liddle)	3. Date of Earliest Transaction					(Check an appreable)			
200 PARK AV	(Month/Day/Year) 12/13/2004					_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Chairman of the Board and CEO					
				If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK, NY 10166 — Form filed by More than One Reporting Person											
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities A	cquired, Disposed	l of, or Benef	icially Owned	
	Transaction Date Aonth/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8)	4. Securit or(A) or Di (D) (Instr. 3, -	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 12 Stock 12	2/13/2004	12/13/20	004	J <u>(1)</u>	1,425	A	\$ 40.6	142,201 <u>(1)</u>	D		
Common Stock								15,640	Ι	By 401(k) (2)	
Common Stock								350	I	By MetLife Policyholder Trust (3)	

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

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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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title Amound Underly Securiti (Instr. 3	it of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	o Title N o	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director 10% Owner		Officer	Other				
BENMOSCHE ROBERT H 200 PARK AVENUE NEW YORK, NY 10166	Х		Chairman of the Board and CEO					
Signatures								
Gwenn L. Carr, authorized signer	1	2/15/2004						
**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).

Reinvestment of dividends on shares held in Reporting Person's share deferral account (the "Plan Account") pursuant to the MetLife (1) Deferred Compensation Plan for Officers. The amount of shares beneficially owned following the reported transaction may include

adjustments in the Reporting Person's Plan Account to reflect the accumulation of fractional shares into whole shares.

401(k) reflects shares (the ?Plan Shares?) allocated to, and indirectly held by, reporting person under the MetLife Savings and Investment(2) Plan (the ?Plan?). Due to period end adjustments by the Plan trustee to allocate Plan units to shares, the Plan Shares reported as acquired by reporting person may not equal the Plan Shares reported as being owned at the end of the period covered by this report.

(3) 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.