#### BENMOSCHE ROBERT H

Form 4

December 16, 2005

# FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

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Check this box if no longer

if no longer subject to Section 16. Form 4 or

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Washington, D.C. 20549

Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BENMOSCHE ROBERT H		I Symbo		5. Relationship of Reporting Person(s) to Issuer		
			LIFE INC [MET]	(Check all applicable)		
(Last)	(First)		e of Earliest Transaction			
200 PARK AVENUE			n/Day/Year) 1/2005	_X_ Director _X_ Officer (give title below) below  Chairman of the Bo	/	
	(Street)	4. If A	mendment, Date Original	6. Individual or Joint/Grou	ıp Filing(Check	
NEW YO	RK, NY 10166		Month/Day/Year)	Applicable Line) _X_ Form filed by One Repo Form filed by More than Person	rting Person	
(City)	(State)	(Zip) T.				
	` ,		able I - Non-Derivative Securities A		·	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or	5. Amount of 6.  Securities Ownershi Beneficially Form: Owned Direct (D Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)	Beneficial ) Ownership	
Common Stock	12/15/2005		Code V Amount (D) Price $J_{\underline{(1)}} = 2,071  A = 50.35$	217,558 D		
Common Stock				15,753 I	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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SEC 1474

(9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	PD1 - 1	or		
						Exercisable	Date	Title	Number		
				G 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Relationships

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

BENMOSCHE ROBERT H
200 PARK AVENUE X Chairman of the Board and CEO
NEW YORK, NY 10166

## **Signatures**

Gwenn L. Carr, authorized signer 12/16/2005

\*\*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.

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