## Edgar Filing: HUBBARD ROBERT GLENN - Form 4

HUBBARD Form 4 April 24, 200	ROBERT GLEN )8	IN									
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE Washington, D.C. 20549						NGE C	OMMISSION	OMB Number:	3235-0287		
Check thi if no long	or								Expires:	January 31 2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated a burden hour	verage				
Form 4 or Form 5	Form 4 or								response	0.5	
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	(a) of the l	Public U		ling Con	ipany	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type F	Responses)										
HUBBARD ROBERT GLENN Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				IETLIFE INC [MET]				(Check all applicable)			
(Montl				. Date of Earliest Transaction Month/Day/Year)				X_ Director10% Owner Officer (give titleOther (specify below)below)			
			04/22/2008								
			4. If Ame	If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mor	ïled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
		(Tin)						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	04/22/2008			A <u>(1)</u>	1,887	A	\$ 59.63	5,103	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form 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)	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. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	d 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. P Deri Secu (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Equivalent Units	<u>(2)</u>	04/22/2008		A <u>(3)</u>	2,306	(4)	(4)	Common Stock	2,306	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HUBBARD ROBERT GLENN 200 PARK AVENUE NEW YORK, NY 10166	Х						
Signatures							
Gwenn L. Carr, authorized signer	04/						
**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 reported transaction is pursuant to the Non-Management Director Compensation arrangements whereby 50% of retainer fees are paid (1)in the Company's common stock.
- (2) Each share of Common Stock Equivalent Unit is the economic value of one share of MetLife, Inc. common stock.
- The reported Common Stock Equivalent Units were acquired pursuant to the Non-Management Director Compensation arrangements (3) whereby Directors may elect to defer receipt of cash retainer fees into a fund that tracks the MetLife Common Stock. When such Common Stock Equivalent Units are distributed, they are settled in cash.
- The reported Common Stock Equivalent Units were acquired pursuant to the Non-Management Director Compensation arrangements and (4) will be settled upon the reporting person's retirement or other termination of service.

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.