HENRIKSON C ROBERT

Form 4 April 17, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HENRIKSON C ROBERT Issuer Symbol METLIFE INC [MET] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner X_ Officer (give title Other (specify 200 PARK AVENUE 04/15/2009 below) Chairman and CEO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting NEW YORK, NY 10166 Person

(City)	(State)	(Zip) Tal	ble I - Non	-Derivativ	e Secu	rities Acc	quired, Disposed	of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)				5. Amount of Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/15/2009		Code V $A_{\underline{(1)}}$	Amount 44,000	(D)	Price \$ 28.17	241,254	D		
Common Stock	04/15/2009		F(2)	638	D	\$ 28.17	240,616	D		
Common Stock							10	I	By MetLife Policyholder Trust (3)	
Common Stock							10	I	By Irrevocable Family Trust	

Edgar Filing: HENRIKSON C ROBERT - Form 4

Common Stock	10	I	By Spouse (3)
Common Stock	479	I	By Other Trust (3)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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. Transac Code (Instr. 8	5. ctionNumber of Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	(Month/Day ive es ed ed	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)
				Code	V (A) (Γ	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Plante / Plantess	Director	10% Owner	Officer	Other			
HENRIKSON C ROBERT 200 PARK AVENUE NEW YORK, NY 10166	X		Chairman and CEO				

Signatures

Gwenn L. Carr, authorized 04/17/2009 signer

**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).
- Shares acquired pursuant to the MetLife Inc. 2005 Stock and Incentive Compensation Plan for the performance period January 1, 2006 to December 31, 2008.

Reporting Owners 2

Edgar Filing: HENRIKSON C ROBERT - Form 4

- (2) Amount withheld to satisfy the Reporting Person's tax withholding obligation due on the distibution of shares, pursuant to the Metlife Inc. 2005 Stock and Incentive Compensation Plan.
- (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.