METLIFE INC Form 4 October 04, 2007

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

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

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 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).

Common

Common

Common

Stock

Stock

Stock

10/02/2007

10/02/2007

(Print or Type Responses)

	Address of Reporting WILLIAM J	Symbol	ner Name and Ticker or Trading LIFE INC [MET]	5. Relationship of Reporting Person(s) to Issuer			
			LIFE INC [ME1]	(Check all applicable)			
(Last)	(First)	(Middle) 3. Date	of Earliest Transaction				
200 D + D 1		`	/Day/Year)	Director 10% Owner			
200 PARK	AVENUE	10/02/	/2007	_X_ Officer (give title Other (specify below)			
				President, International			
	(Street)	4. If Ar	nendment, Date Original	6. Individual or Joint/Group Filing(Check			
		Filed(M	Ionth/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			
NEW YO	RK, NY 10166			Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)			

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

M

 $S^{(1)}$

2,755

2,755

Persons who respond to the collection of information contained in this form are not required to respond unless the form SEC 1474 (9-02)

97,175

94,420

344

29.95

D

D

I

By MetLife

Policyholder

Trust (2)

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 29.95	10/02/2007		M	2,755	(3)	04/08/2011	Common Stock	2,755

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

TOPPETA WILLIAM J 200 PARK AVENUE NEW YORK, NY 10166

President, International

Signatures

Gwenn L. Carr, authorized signer 10/04/2007

**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).
- (1) The sale transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 Sales Plan adopted by the reporting person on May 7, 2007.
- (2) Shares held in trust under the MetLife Policyholder Trust established to hold shares of Common Stock allocated to eligible policyholders of Metropolitan Life Inurance Company, a wholly-owned subsidiary of MetLife, Inc.
- (3) The option vested in three equal installments on April 9,2002, 2003 and 2004.

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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