FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Brooks Tommie D.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Symetra Financial CORP [ SYA ]										Check	all app Direc	licable)	g Person(s) to Is		Owner
(Last) (First) (Middle) 777 108TH AVE NE SUITE 1200						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2016										X	Officer (give title below)  SVP, Chief Actuary				
(Street) BELLEVUE WA 98004  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										i. Indiv ine) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tabl	e I - Nor	-Deriv	ative	Se	curiti	es Ac	quir	red, I	Disp	osed o	f, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,   T				ities Acquired (A) d Of (D) (Instr. 3,			4 and Sec Ber Ow		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									G	Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock <sup>(1)</sup> 02/01/						/2016				D		14,65	1	D	D \$32 <sup>(2)</sup>		0			D	
Common Stock (Restricted) <sup>(1)</sup> 02/01/						/2016				D		5,311	L	D \$32 <sup>(3</sup>		2 <sup>(3)</sup>	0			D	
	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) (Month/Day/Year)  3. Transaction Execution if any (Month/Day/Year)		Date, y/Year) _	Code (Insti		of Divivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mo	5. Date Exercisable and Expiration Date [Month/Day/Year]  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		ount nber	nt er				vnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

#### **Explanation of Responses:**

- 1. On February 1, 2016, Sumitomo Life Insurance Company acquired the Issuer pursuant to the Agreement and Plan of Merger by and among the Issuer, Sumitomo Life Insurance Company and SLIC Financial Corporation dated as of August 11, 2015 (the "Merger Agreement").
- 2. The Merger Agreement provides that, at the Effective Time (as defined in the Merger Agreement), each outstanding share of the Issuer's common stock owned by the reporting person was cancelled and converted into the right to receive \$32.00 in cash (the "per share merger consideration").
- 3. The Merger Agreement provides that, at the Effective Time, each outstanding restricted share of the Issuer's common stock owned by the reporting person was cancelled and converted into the right to receive the per share merger consideration.

## Remarks:

Jacqueline M. Veneziani, 02/02/2016 **Attorney In Fact** 

\*\* Signature of Reporting Person Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.