FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|

| | OMB APPRO | OVAL | | | | | |
|---|------------------------|------|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | |
| l | Estimated average burd | len | | | | | |
| l | 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).

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

| Name and Address of Reporting Person* SMITH LOWNDES ANDREW | | | | | 2. Issuer Name and Ticker or Trading Symbol Symetra Financial CORP [SYA] | | | | | | | | | Check a | ionship of Reportir all applicable) Director | | 10% O | |)wner | | |
|--|------|--------|---|--|--|--|---|--|-------------------------------------|---|---|-------------|--|---------|---|---|---|--|---|--|--|
| (Last) (First) (Middle) 777 108TH AVE NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2010 | | | | | | | | | | Officer (give title below) | | | Other below) | (specify | | |
| SUITE 1200 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BELLEV | UE W | A 9 | 98004 | | | | | | | | | | | | X | | filed by One filed by Moi on | | • | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally O | wne | d | | | | |
| D | | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd S | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | | | v | Amount | | A) or D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common Stock | | | | 01/27 | 01/27/2010 | | | | P | | 10,000 | | A | \$12 | | 2 10,000 | | I |) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Conversion of Exercise (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) o Disp of (D (Instr | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | ount nber res | | | | | | | | | | |

Explanation of Responses:

Remarks:

Jacqueline Veneziani, Attorney 01/28/2010 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.