FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL			
	OMB Number:	3235-0287			
l	Estimated average burd	en			
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

1. Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer				
<b>Dumais</b>	Brighthouse Financial, Inc. [ BHF ]								C	heck all ap Dire	plicable) ector	10% (	Owner							
(Last) (First) (Middle) 11225 NORTH COMMUNITY HOUSE ROAD							3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017								^ belo			′		
(Street)  CHARLOTTE NC 28277  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lir	ne) X For For	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ction 2A. Deemed Execution Date,			3. 4. Securities Acquirities A			quired	(A) or	5. Am Secu Bene	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		() or ()	Price	Trans	action(s) . 3 and 4)		, , ,		
Common Stock 10/02/							2017		S		38(1)		D	\$60.	99	1,131	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)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date, 1	Code (Inst				6. Date E. Expiratio (Month/D	n Date	•	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	<b>,</b>	(A)		Date Exercisal		Expiration Date	Title	Ame or Nun of Sha							

## **Explanation of Responses:**

1. Prior to the time at which Brighthouse Financial, Inc. became a reporting company, the reporting person participated in a tax qualified 401(k) plan sponsored by a wholly-owned subsidiary of MetLife, Inc. A portion of the reporting person's investment in such 401(k) plan was in a MetLife, Inc. company stock fund. In connection with the distribution by MetLife, Inc. of a majority of Brighthouse Financial, Inc.'s common stock to MetLife, Inc. shareholders, the Brighthouse Financial Frozen Stock Fund was created and such Brighthouse stock fund received Brighthouse Financial, Inc. common stock in connection with the distribution by MetLife, Inc. Subsequently, the reporting person elected a complete rollover of her account balance under the MetLife 401(k) plan, and the reporting person's interest in the Brighthouse Financial Frozen Stock Fund was liquidated.

## Remarks:

/s/ Gary S. Tashjian, authorized signer 10/13/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.