FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| Check this box if no longer subject to | |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Steigerwalt Eric T | | | | | 2. Issuer Name and Ticker or Trading Symbol Brighthouse Financial, Inc. [BHF] | | | | | | | | | (Ch | Relationsh eck all ap X Dire | olicable) | g Person(s) to I | |
|--|---|---|------------------|----------|--|---|---|-------|--|-----|---------------------|---|-----------|-----------------------------------|---|---|---|--|
| (Last) (First) (Middle) 11225 NORTH COMMUNITY HOUSE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/30/2019 | | | | | | | | | X Office belo | , | Other below t and CEO | (specify) |
| (Street) CHARL(| | | 28277 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) <mark>X</mark> Forr Forr | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (0.0) | | | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | uired. | Dis | posed o | f. or l | Bene | eficial | lv Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Tran Date | | | | 2. Trans | action | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securi Transaction Disposed Code (Instr. 5) | | ies Acq | uired | (A) or | 5. Am Secui Benet | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | | | action(s) 3 and 4) |
| Common Stock | | | | 08/30 | 0/2019 | | | | S | | 130(1) | | D | \$35.2 | 6 1 | 11,109 | D | |
| | | Та | ıble II - D) | | | | | | | | sed of, onvertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | n of i | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security Instr. 5) | ive derivative y Securities | 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 | of Sha | res | | | | |

Explanation of Responses:

1. Prior to the time at which Brighthouse Financial, Inc. ("BHF") became a reporting company, the Reporting Person participated in a tax qualified 401(k) plan sponsored by a wholly-owned subsidiary of MetLife, Inc. ("MetLife"). A portion of the Reporting Person's investment in such 401(k) plan was in a MetLife company stock fund. In connection with the distribution by MetLife of a majority of BHF's common stock to MetLife shareholders, the Brighthouse Financial Frozen Stock Fund (the "Fund") was created and such Fund received BHF common stock in connection with the distribution by MetLife. MetLife closed this Fund at market close on August 30, 2019, and remaining balances in the Fund were automatically transferred into another MetLife fund.

Remarks:

Eric T. Steigerwalt, by Jacob

09/03/2019 M. Jenkelowitz, 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.