

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>BERKSHIRE HATHAWAY INC</u> (Last) (First) (Middle) 3555 FARNAM STREET (Street) OMAHA NE 68131 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Symetra Financial CORP [SYA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2016	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, 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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	02/01/2016		D ⁽¹⁾		20,048,879	D	\$32	0	I	See footnote ⁽²⁾

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. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person*
BERKSHIRE HATHAWAY INC
 (Last) (First) (Middle)
 3555 FARNAM STREET
 (Street)
 OMAHA NE 68131
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
GENERAL RE CORP
 (Last) (First) (Middle)
 120 LONG RIDGE ROAD
 (Street)
 STAMFORD CT 06902
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
GENERAL REINSURANCE CORP
 (Last) (First) (Middle)
 120 LONG RIDGE ROAD
 (Street)

STAMFORD CT 06902

(City) (State) (Zip)

1. Name and Address of Reporting Person *

BUFFETT WARREN E

(Last) (First) (Middle)

3555 FARNAM STREET

(Street)

OMAHA NE 68131

(City) (State) (Zip)

Explanation of Responses:

1. These securities are disposed of pursuant to merger agreement between the issuer and Sumitomo Life Insurance Company in exchange for \$32.00 per share on the effective date of the merger.
2. These securities were owned directly by General Reinsurance Corporation, which is a wholly owned subsidiary of General Re Corporation, which is a wholly owned subsidiary of Berkshire Hathaway Inc.

Remarks:

/s/ Marc D. Hamburg, on 02/08/2016
behalf of each reporting owner

** 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.