#### REIN CATHERIN A

Form 4

April 12, 2007

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 

3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2. Issuer Name and Ticker or Trading

BANK OF NEW YORK CO INC

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

[BK]

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

REIN CATHERIN A

(First) (Middle)

METLIFE, INC., 27-01 QUEENS PLAZA NORTH

(Street)

(Month/Day/Year)

04/11/2007

3. Date of Earliest Transaction

Filed(Month/Day/Year)

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

X\_ Director

Officer (give title

### LONG ISLAND CITY, NY 11101

(State)

		Tuble 1 Ton Berrantie Securities Required, Disposed of, or Beneficiary 6 whea							
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	s Acquired (A) or	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transaction	orDisposed of	f (D)	Securities	Ownership	Indirect	
(Instr. 3)		any	Code	(Instr. 3, 4 a	and 5)	Beneficially	Form:	Beneficial	
		(Month/Day/Year)	(Instr. 8)			Owned	Direct (D)	Ownership	
						Following	or Indirect	(Instr. 4)	
					(4)	Reported	(I)		
					(A)	Transaction(s)	(Instr. 4)		
			C + V		or	(Instr. 3 and 4)			
			Code V	Amount	(D) Price				
Common									

Common

Stock

\$7.50)

(Par 04/11/2007 Value

(Zip)

292.181 A

91,273.2369 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
					4, and 3)						
								A	mount		
						D.	E	01	r		
							Expiration Date	Title N	umber		
								01			
				Code V	(A) (D)				hares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

10% Owner Officer Other Director

REIN CATHERIN A METLIFE, INC. 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101



## **Signatures**

Catherine A. 04/12/2007 Rein

\*\*Signature of Date Reporting Person

## **Explanation of Responses:**

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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