Edgar Filing: TORCHMARK CORP - Form 4

TORCHMARK CORP

Form 4 February 26,	2014										
									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box							Expires:	January 31			
subject to Section 10	if no longer subject to Section 16. Form 4 or							Estimated burden hou	Estimated average burden hours per response 0.5		
obligatior may conti <i>See</i> Instru 1(b).	^{1s} Section 17	(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectic 40	on		
(Print or Type R	Responses)										
1. Name and A CARLSON	Symbol	2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Cne	ck all applicabl	e)	
	MERICAN E COMPANY, ONEBRIDGE D		(Month/Da 02/24/20	-				below)	e title 109 below) r of Principal S		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MCKINNEY	Y, TX 75070							Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Executi any 	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				Code V	Amount	(D)	Price	(Instr. 3 and 4) 0	D		
Common Stock								0	I	N/A	

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

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 control number.

Edgar Filing: TORCHMARK CORP - Form 4

 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 76.04	02/24/2014		A	10,000	<u>(1)</u>	02/24/2021	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 0	Director	10% Owner	Officer	Other		
CARLSON DAVID KENDALL UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070				Officer of Principal Sub.		
Signatures						
David K. Carlson, By:/s/Carol A. McCoy, Attorney-in-fact		02/26/201	4			
**Signature of Reporting Person		Date				
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).

(1) First exercisable as to 50% of shares 2/24/16 and as to remaining 50% 2/24/17.

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.