Edgar Filing: TORCHMARK CORP - Form 4

TORCHMA	RK CORP									
Form 4										
January 23, 2							0.45			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							ът	APPROVAL		
Washington, D.C. 20549							N OMB	3235-0287		
Check the	is box	, , , , , , , , , , , , , , , , , , ,	511115001,	D.C. 20				January 31		
if no long		ENT OF CHAN	IGES IN	BENEFI	CIAL OV	VNERSHIP OF	Expires:	2005		
	subject to Section 16. SECURITIES					Estimated burden he	d average			
Form 4 o								response 0.!		
Form 5 obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
may cont		a) of the Public U	•	•	• •		on			
See Instru		30(h) of the Ir	ivestment	Compan	y Act of 1	940				
1(b).										
(Print or Type I	Responses)									
(I IIII of I Jpe I	(100p 011000)									
1. Name and A	Address of Reporting I	Person <u>*</u> 2. Issue	r Name and	Ticker or	Trading	5. Relationship	of Reporting P	Reporting Person(s) to		
BUCHAN N	Symbol			U	Issuer					
	TORCI	HMARK (CORP [T	MK]	(Check all applicable)					
(Last)	(First) (N	liddle) 3. Date o	3. Date of Earliest Transaction			eck an applicat	k all applicable)			
	(Month/I	(Month/Day/Year)			_X_ Director 10% Owner					
1920 MAIN	E 500 01/03/2	007			Officer (give title Other (specify below) below)					
	4 If A m	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
		nth/Day/Year	-	L	Applicable Line)					
		1 1100(1110	iiiii/Duj/10ui	,		_X_ Form filed by				
IRVINE, CA	A 92614					Form filed by Person	More than One	Reporting		
(City)	(State)	(Zip) Tab			~					
(City)	(State)	Tab	le I - Non-D	erivative S	Securities A	cquired, Disposed	of, or Benefic	ally Owned		
1.Title of	2. Transaction Date		3. T	4. Securit		5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or	Beneficial		
(11547.0)		(Month/Day/Year)	(Instr. 8)	(Instr. 3,		Owned	Indirect (I)	Ownership		
						Following	(Instr. 4)	(Instr. 4)		
					(A)	Reported Transaction(s)				
			Code V	Amount	or (D) Drice	(Instr. 3 and 4)				
Common			Code v	Amount	(D) Price					
Stock						0	D			
Common								Not		
Stock						0	Ι	Applicable		
STOCK								Applicable		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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 prof Derivative 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
Director Stock Option (Right to Buy)	\$ 64.46	01/03/2007		А	6,000	07/03/2007	01/03/2014	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
BUCHAN MELISSA JANE 1920 MAIN STREET SUITE 500 IRVINE, CA 92614	Х						
Signatures							
Melissa Jane Buchan, By:/s/Ca Attorney-in-fact	01/23/2007						
<u>**</u> Signature of Repo	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).

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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