#### ALMOND DANNY H

Check this box

if no longer

subject to

Section 16.

Form 4 or

Form 4

March 01, 2010

## FORM 4

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

2. Issuer Name and Ticker or Trading

TORCHMARK CORP [TMK]

3. Date of Earliest Transaction

(Month/Day/Year)

OMB Number:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Director

3235-0287

Expires: January 31, 2005

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

10% Owner

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Last)

(Print or Type Responses)

ALMOND DANNY H

1. Name and Address of Reporting Person \*

(First)

(Middle)

	ERICAN COMPANY, 370 NEBRIDGE DRIV	00	02/25/2010				_X_ Officer (give title Other (specify below) VP & Chief Accounting Officer			
	(Street)	(Street) 4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year)  MCKINNEY, TX 75070						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) 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. Transactic Code (Instr. 8)	4. Securion OnAcquired Disposed (Instr. 3,	d (A) od of (D) 4 and (A) or	))	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)	
Common Stock	02/25/2010		A	2,000	A	\$0	10,440	D		
Common Stock							4,670 (1)	I	Thrift 401(K) Plan Trust	
Torchmark Capital Trust Preferred Securities III							14,700	D		
Torchmark							1,100	I	By Spouse	

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Corporation Trust Preferred Securities III

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

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SEC 1474

(9-02)

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)	5. Number of or 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
Employee Stock Option (Right to Buy)	\$ 46.31	02/25/2010		A	18,000	<u>(2)</u>	02/25/2017	Common Stock	18,000

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

ALMOND DANNY H UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070

VP & Chief Accounting Officer

**Signatures** 

Danny H. Almond, By:/s/Carol A. McCoy, Attorney-in-fact 03/01/2010

\*\*Signature of Reporting Person Date

Reporting Owners 2

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## **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) Shares in unitized fund in employee benefit plan estimated conversion of transferred \$ balance using \$46.50 per share.
- (2) First exercisable as to 50% of shares on and after 2-25-2012 and as to remaining 50% of shares on and after 2-25-2013.

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.