TORCHMARK CORP

Form 4

December 06, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCWORTER ANTHONY L

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last) (First) (Middle)

TORCHMARK CORP [TMK]

(Check all applicable)

LIBERTY NATIONAL LIFE **INSURANCE COMPANY, 2001**

THIRD AVENUE SOUTH

3. Date of Earliest Transaction (Month/Day/Year)

02/25/2010

Director 10% Owner Officer (give title __X_ Other (specify

below) below) Exec. Officer of Principal Sub

(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 Form filed by More than One Reporting

BIRMINGHAM, AL 35233

(City)	(State)	(Zip) 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. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			(D)	Securities Ownership Ir Beneficially Form: B Owned Direct (D) O		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/03/2010		M	10,807	A	\$ 41.26	32,758	D		
Common Stock	12/03/2010		S	10,807	D	\$ 59.9133 (1) (2)	21,951	D		
Common Stock							3,618 <u>(3)</u>	I	Thrift Plan Trust	
Common Stock							6,130 (3)	I	Profit Sharing & Retirement	

Trust

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.

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. Transactic 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)	\$ 41.26	10/03/2010		M		10,807	02/09/2002	08/11/2011	Common Stock	10,807

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MCWORTER ANTHONY L LIBERTY NATIONAL LIFE INSURANCE COMPANY 2001 THIRD AVENUE SOUTH BIRMINGHAM, AL 35233

Exec. Officer of Principal

Sub

Signatures

Anthony L. McWhorter, By:/s/Carol A. McCoy, Attorney-in-fact

12/06/2010

Date

**Signature of 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).
- (1) Sales at prices ranging from \$59.73 per share to \$60.08 per share.

Reporting Owners 2

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- (2) Reporting person will provide full information regarding the number of shares sold at each separate price upon request by the SEC staff, the issuer or any security holder of the issuer.
- (3) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance to shares using \$60.28 per share.

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.