Edgar Filing: TORCHMARK CORP - Form 4

TORCHMA Form 4							
May 31, 201					OMB	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check the if no long	ter		CES IN DENEELCIAL ON	NEDSHID OF	Expires:	January 31, 2005	
subject to STATEMENT OF Section 16. Form 4 or			GES IN BENEFICIAL OW SECURITIES		Estimated burden ho response.	ed average nours per	
Form 5 obligations may continue. See Instruction 1(b). 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							
(Print or Type I	Responses)						
MCWORTER ANTHONY L S		Symbol	r Name and Ticker or Trading IMARK CORP [TMK]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Midd		f Earliest Transaction	(Check	k all applicab	ble)	
(M			Day/Year) 011	Director 10% Owner Officer (give titleX Other (specify below) Exec. Officer of Principal Sub			
			endment, Date Original nth/Day/Year)	oint/Group Filing(Check One Reporting Person More than One Reporting			
		`		Person			
(City)	(State) (Zip)	1 401	e I - Non-Derivative Securities Ac			-	
1.Title of Security (Instr. 3)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common Stock	05/26/2011		S 900 D $\frac{$}{65.65}$	24.051	D		
Common Stock				4,108 <u>(1)</u>	I	Thrift Plan Trust	
Common Stock				6,155 <u>(1)</u>	I	Profit Sharing & Retirement Trust	
Torchmark Capital				1,000	D		

Trust III Trust Preferred Securities

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)

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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		05/31/2	2011		
**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) Shares in unitized fund in employee benefit plan - estimated conversion of \$ balance to shares using \$65.52 per share.

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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.