TORCHMARK CORP Form 4/A January 16, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

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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

may continue. See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

HUDSON CHARLES FRANKLIN			Symbol TORCHMARK CORP [TMK]				Issuer				
(Last)	(First)	Middle) 3. Dat	3. Date of Earliest Transaction (Month/Day/Year)			J	(Check all applicable) Director 10% Owner				
	FE AND ACCID CE CO, 204 NOR N	ENT 12/15	12/15/2014				Officer (give title X Other (specify below) Former CEO of Principal Sub				
OKLAHO	(Street) MA CITY, OK 73	Filed(12/17	Amendment, D Month/Day/Yea 7/2014	Č	ıl		6. Individual or Join Applicable Line) _X_ Form filed by On Form filed by Mo Person	ne Reporting Per	rson		
(City)	(State)	(Zip) T	able I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)		4. Securit our Dispos (Instr. 3, 4	ed of	Price	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 o Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/15/2014		S	36,000	D	\$ 51.7879 (1) (2)	89,737 (3)	D			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Α.			
									mount		
						Date	Expiration	or			
						Exercisable	Date	Title Number			
								of			
				Code V	(A) (D)			Sł	hares		

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

HUDSON CHARLES FRANKLIN GLOBE LIFE AND ACCIDENT INSURANCE CO 204 NORTH ROBINSON OKLAHOMA CITY, OK 73102

Former CEO of Principal Sub

Signatures

Charles F. Hudson, By:/s/Carol A. McCoy, Attorney-in-fact

01/16/2015

**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) sales at prices ranging from \$51.50 per share to \$52.28 per share (no change to footnote).
- (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 (no change to footnote).
- (3) Amended to reflect ommission from original filing of reporting person' ownership of 22,412 additional common shares acquired on July 1, 2014 in issuer's 3-for-2 stock split in the form of a 50% stock dividend paid on its common stock.

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.

Reporting Owners 2