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ALMOND DANNY H

Form 4									
September 15,	2009								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB	PROVAL 3235-0287		
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or 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								Number: Expires: Estimated a burden hour response	
(Print or Type Res	sponses)								
1. Name and Add ALMOND DA	Symbol	2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]				5. Relationship of Reporting Person(s) to Issuer			
	(First) (Mid ERICAN COMPANY, 370 NEBRIDGE DRI	(Month/Day 09/15/200	/Year)	nsaction	-		Director X Officer (give pelow)		Owner er (specify
MCKINNEY,	(Street)	4. If Amenc Filed(Month		e Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson
(City)	(State) (Zi	p) Table	I - Non-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. D (Month/Day/Year) Execu any (Mont						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			0000	7 milliouni	t (D)	Thee	8,440	D	
Common Stock							4,666 <u>(1)</u>	I	Thrift 401(K) Plan Trust
Torchmark Capital Trust Preferred Securities III	09/15/2009		S	300	D	\$ 23.75	13,400	D	
Torchmark							1,350	Ι	By

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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Spouse

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)	Code	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	1		7. Title and Amount of Underlying Securities (Instr. 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			
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	09/15/2009						
**Signature of Reporting Person		Date					
Evaloretion of Deenenees							

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 \$43.83 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.

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