ALMOND DANNY H

Form 4

November 02, 2011

FORM 4

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

OMB APPROVAL

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: 3235-0287 Expires: January 31,

Section 16. SECURITIES
Form 4 or

Expires. 2005
Estimated average burden hours per response... 0.5

Form 4 or 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** ALMOND DANNY H	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)	TORCHMARK CORP [TMK] 3. Date of Earliest Transaction	(Check all applicable)		
UNITED AMERICAN INSURANCE COMPANY, 3700 SOUTH STONEBRIDGE DRIVE	(Month/Day/Year) 10/31/2011	Director 10% Owner _X Officer (give title Other (specify below) VP & Chief Accounting Officer		
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check		

MCKINNEY, TX 75070

Applicable Line)

X Form filed by One Reporting Person ____ Form filed by More than One Reporting

Pe

(City)	(State) (Z	Cip) Table	I - Non-De	erivative S	ecurit	ies Acquirec	l, Disposed of, o	r 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. Securit order Dispos (Instr. 3, 4)	ed of	` ′	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	10/31/2011		M	30,000	A	\$ 36.51	54,660	D	
Common Stock	10/31/2011		S	30,000	D	\$ 41.5479 (1) (2)	24,660	D	
Common Stock							7,078 (3)	I	Thrift 401(K) Plan Trust
Torchmark							14,700	D	

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Capital

Trust

Preferred

Securities

Ш

Torchmark

Corporation Trust

By 450 Preferred Spouse

Securities

1. Title of

Buy)

Ш

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

3. Transaction Date 3A. Deemed

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.

5. Number of 6. Date Exercisable and

7. Title and Amount of

Other

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				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	\$ 36.51	10/31/2011		M		30,000	11/04/2005	05/04/2012	Common Stock	30,000

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner

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

VP & Chief Accounting Officer

Officer

Reporting Owners 2

Signatures

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

11/02/2011

**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) Sales at prices ranging from \$41.42 per share to \$41.75 per share.
- (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 transferred \$ balance using \$40.93 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.

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