#### TORCHMARK CORP

Form 4

November 14, 2011

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Ac MCWORTE.	•	_	2. Issuer Name <b>and</b> Ticker or Trading Symbol TORCHMARK CORP [TMK]	5. Relationship of Ro Issuer
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check a

Reporting Person(s) to

all applicable)

LIBERTY NATIONAL LIFE **INSURANCE COMPANY, 2001** THIRD AVENUE SOUTH

(Month/Day/Year) 11/11/2011

Director 10% Owner Officer (give title \_\_X\_ Other (specify below) below)

Exec. Officer of Principal Sub

(Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

BIRMINGHAM, AL 35233

(City)	(State) 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. Transacti Code (Instr. 8)	4. Securit oner 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	11/11/2011		M	30,000	A	\$ 36.5134	56,076	D	
Common Stock	11/11/2011		S	30,000	D	\$ 46.53 (1) (2)	56,076	D	
Common Stock							6,227 (3)	I	Thrift Plan Trust
Common Stock							9,287 (3)	I	Profit Sharing & Retirement Trust

### Edgar Filing: TORCHMARK CORP - Form 4

Torchmark Capital Trust III Trust Preferred

Securities

1,000 D

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

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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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration Date s (Month/Day/Year) l (A) sed of		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)	\$ 36.5134	11/11/2011		M	30,000	11/04/2005	05/14/2012	Common Stock	30,000
Employee Stock Option (Right to Buy)	\$ 24.96	10/28/2011		M	2,500	12/16/2004	12/18/2012	Common Stock	2,500

# **Reporting Owners**

Reporting Owner Name / Address

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

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### **Signatures**

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

11/14/2011

\*\*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 \$42.16 per share to \$42.71 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 \$ balance to shares using \$42.34 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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