TORCHMARK CORP

Form 4/A

February 21, 2012

FORM 4

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

OMB Number: 3235-0287

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Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

See Instruction 1(b).

(Print or Type Responses)

Securities

(Last) LIBERTY N INSURANC	1. Name and Address of Reporting Person * MCWORTER ANTHONY L (Last) (First) (Middle) LIBERTY NATIONAL LIFE INSURANCE COMPANY, 2001 THIRD AVENUE SOUTH		Symbol TORCH	•	, and the second	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give titleX Other (specify below) below) Exec. Officer of Principal Sub			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)			
BIRMINGH	AM, AL 3523	33	12/23/20			_X_ Form filed b			
(City)	(State)	(Zip)	Table	e I - Non-Derivative Se	ecurities Ac	quired, Disposed	of, or Benefic	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any	eemed tion Date, if n/Day/Year)	3. 4. Securiti TransactionAcquired Code Disposed (Instr. 8) (Instr. 3, 4) Code V Amount	(A) or of (D)	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						48,951	D		
Common Stock						15,492 <u>(1)</u>	I	Thrift Plan/401(k) Trust	
Torchmark Capital Trust III Trust Preferred						1,000	D		

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	12/22/2011		M	50,000	11/04/2005	05/04/2012	Common Stock	50,000
Employee Stock Option (Right to	\$ 36.5134	12/23/2011		M	25,000	11/04/2005	05/04/2012	Common Stock	25,000

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

Signatures

Buy)

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

02/21/2011

**Signature of Reporting Person

Date

Reporting Owners 2

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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 using \$43.00 per share.
- (2) Amended to correct calculation error in remaining option balance. Amendment affects 2 subsequent filing.

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.