Edgar Filing: BOWIE ARVELIA - Form 4

BOWIE ARV	ELIA									
Form 4										
January 25, 20	012									
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							т	PPROVAL	
Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin	Filed J	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								
<i>See</i> Instruct 1(b).		30(h)	of the Inv	estment (Company	Act of 19	40			
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u></u> BOWIE ARVELIA			2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction		(Cheo	ck all applicable	5)	
UNITED AM INSURANCI SOUTH STC	E COMPAN		(Month/Da 01/23/20	-			Director X Officer (giv below) VP & Dir.		6 Owner er (specify ources	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MCKINNEY	, TX 75070							More than One R		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Yo	ear) Executi any	emed on Date, if /Day/Year)	Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)			
Common Stock							0	D		
Common Stock							263 <u>(1)</u>	I	Thrift Plan Trust	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: BOWIE ARVELIA - Form 4

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. Transactio 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)	\$ 45.49	01/23/2012		A	10,000	(2)	01/23/2019	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
BOWIE ARVELIA UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070			VP & Dir. of Human Resources				
Signatures							
Arvelia Bowie, By:/s/Carol A. McCoy, Attorney-in-fact		01/25/2012					
**Signature of Reporting Person		Date					
Explanation of Responses:							
* If the form is filed by more than one reporting person, <i>see</i> 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 to shares using \$45.35 per share (adjusted to reflect 3-for-2 stock split paid July 1, 2011).

(2) First exercisable as to 50% of shares on and after 1/23/2014 and as to remaining 50% of shares on and after 1/23/2015.

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.