TORCHMARK CORP

Form 4

February 17, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

Estimated average burden hours per

response...

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

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * MCWORTER ANTHONY L

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

TORCHMARK CORP [TMK]

(Check all applicable)

LIBERTY NATIONAL LIFE

(Street)

(First)

3. Date of Earliest Transaction (Month/Day/Year)

02/15/2012

Director 10% Owner Officer (give title __X_ Other (specify

below) below) Exec. Officer of Principal Sub

INSURANCE COMPANY, 2001 THIRD AVENUE SOUTH

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) (Zip) Tabl	e I - Non-L	Derivative S	Securi	ities Acquire	ed, Disposed of,	or Beneficiall	y 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 coor 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	02/15/2012		M	25,000	A	\$ 36.5134	73,951	D	
Common Stock	02/15/2012		S	25,000	D	\$ 47.974 (1) (2)	48,951	D	
Common Stock							0	I	Thrift Plan/401(k) Trust
Torchmark Capital Trust III							1,000	D	

Trust Preferred Securities

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to	\$ 36.5134	02/13/2012		M	25,000	11/04/2005	05/04/2012	Common Stock	25,000

Reporting Owners

	Keiationships
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

Dolotionshine

Signatures

Buy)

Anthony L. McWhorter, By:/s/Carol A. McCoy, 02/17/2012 Attorney-in-fact

> **Signature of Reporting Person Date

Reporting Owners 2 Edgar Filing: TORCHMARK CORP - Form 4

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 \$47.89 per share to \$48.03 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.

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.