TORCHMARK CORP

Form 4

March 16, 2012

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

OMB APPROVAL

Section 16.
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

burden hours per response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCWORTER ANTHONY L	2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) LIBERTY NATIONAL LIFE	3. Date of Earliest Transaction (Month/Day/Year) 03/14/2012	(Check all applicable) Director 10% Owner Officer (give titleX Other (specify below) below)			
INSURANCE COMPANY, 2001 THIRD AVENUE SOUTH		Exec. Officer of Principal Sub			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			

BIRMINGHAM, AL 35233

Torchmark

Capital

_X_Form filed by One Reporting Person
___Form filed by More than One Reporting
Person

1,000

D

(City)	(State)	(Zip) Table	e I - Non-I	Derivative S	Securi	ties Acquire	ed, Disposed of, o	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. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Form Owned Direct Following or Inc Reported (I)	Ownership Form: Direct (D) or Indirect	n: Beneficial ct (D) Ownership direct (Instr. 4)
Common			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(mou. 1)	
Stock	03/14/2012		M	25,000	A	36.5134	73,951	D	
Common Stock	03/14/2012		S	25,000	D	\$ 49.5219 (1) (2)	48,951	D	
Common Stock							0	I	Thrift Plan/401(k) Trust

Trust III 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 (9-02)required to respond unless the form displays a currently valid OMB control number.

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

Dei Sec	ritle of rivative curity str. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
F.,					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Sto Op	nployee ock otion ight to	\$ 36.5134	03/14/2012		M	25,000	11/04/2005	05/04/2012	Common Stock	25,000

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

MCWORTER ANTHONY L LIBERTY NATIONAL LIFE INSURANCE **COMPANY** 2001 THIRD AVENUE SOUTH BIRMINGHAM, AL 35233

Signatures

Buy)

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

**Signature of Reporting Person

Exec. Officer of Principal

Sub

03/16/2012

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 \$49.24 per share to \$49.74 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.