ALMOND DANNY H

Torchmark 10/24/2012

Capital

Trust
Preferred
Securities

Form 4

December 06, 2012

FORM	1 <u>4</u>								OMB AP	PROVAL	
	• • UNITED	STATES					GE CO	MMISSION	OMB	3235-0287	
Check th	is box		Was	shington,	D.C. 205	49			Number:	January 31	
if no long subject to Section 1	SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						RSHIP OF	Expires: Estimated av	2005 erage	
Form 4 o Form 5 obligatio may cont See Instru 1(b).	Filed pur ns Section 17((a) of the	Public Ut	6(a) of the	Securiti	pany A	ct of 19	Act of 1934, 935 or Section	burden hours response	s per 0.5	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person * ALMOND DANNY H			Symbol	2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]				5. Relationship of Reporting Person(s) to Issuer			
(14)	(Ein-A)	Middle)			_	VIKJ		(Check all applicable)			
		10/24/2012					Director 10% OwnerX Officer (give title Other (specify below) VP & Chief Accounting Officer				
		Filed(Month/Day/Year)				5. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
MCKINNE	Y, TX 75070						Pe	rson	re than One Rep	orting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuritie	s Acquir	ed, Disposed of,	or Beneficially	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3, 4	ed 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				Co uc v	rinount	(D)	Thee	6,600	D		
Common Stock								7,112 <u>(1)</u>	I	Thrift 401(K) Plan Trust	

<u>J(2)</u>

14,700 D \$ 0

25.2613

D

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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.

SEC 1474

(9-02)

9. Nu

Deriv

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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. Transac Code (Instr. 8	5. tionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	S	ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code V	/ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALMOND DANNY H UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070

VP & Chief Accounting Officer

Signatures

Danny H. Almond, By:/s/Carol A. McCoy, Attorney-in-fact

12/06/2012

**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) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance using \$51.67 per share.
- (2) Reported securities were called for redemption by issuer at a price equal to their face value.

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.

Reporting Owners 2