TORCHMARK CORP Form 3 January 09, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Falvo Robert Frank | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK] | | | | |
|---|----------|-----------------|--|--|--|--|--|--|
| (Last) | (First) | (Middle) | 01/05/2015 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 1705 SURR | EY LANE | | | | | | | |
| | (Street) | | | (Check all applicable) Director 10% Owner | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | |
| MCKINNEY"Â TXÂ 75070 | | | | Officer X Other (give title below) (specify below) Exec Officer of Principal Sub | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | 1 | |
| Common Sto | ock | | 0 | | D | Â | | |
| Common Stock | | | 0 | | Ι | N/A | | |
| Reminder: Repo owned directly | | ate line for ea | ch class of securities benefici | ^{ially} S | EC 1473 (7-02 |) | | |

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

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | Ownership |
| | | (Instr. 4) | Price of | Derivative | (Instr. 5) |
| | | | Derivative | Security: | |

3235-0104

January 31,

2005

0.5

Number:

Expires:

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Estimated average burden hours per

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|---|---------------------|--------------------|-----------------|----------------------------------|------------|--|---|
| Employee Stock Option (Right to Buy) | 01/23/2015 | 01/23/2019 | Common Stock | 8,250 | \$ 30.3267 | D | Â |
| Employee Stock Option (Right to Buy) | (1) | 02/27/2020 | Common Stock | 22,500 | \$ 37.4 | D | Â |
| Employee Stock Option (Right to Buy) | (2) | 02/24/2021 | Common Stock | 18,000 | \$ 50.6934 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------------------------------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Falvo Robert Frank 1705 SURREY LANE MCKINNEY,, TX 75070 | Â | Â | Â | Exec Officer of Principal Sub | | |
| Signatures | | | | | | |
| Robert Frank Falvo by Carol A. McCoy, Attorney-in-Fact | | | | 01/09/2015 | | |
| **Signature of Reporting Person | | | Date | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) First exercisable as to 50% of shares 2/27/15 and as to remaining 50% 2/27/16.

(2) First exercisable as to 50% of shares 2/24/16 and as to remaining 50% 2/24/17.

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.