TORCHMARK CORP

Form 4

November 22, 2004

FORM 4

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

OMB APPROVAL

Check this box

Number: 3235-0287 Expires: January 31,

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires. 2005
Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** KLYCE MICHAEL J		orting Person *	2. Issuer Name and Ticker or Trading Symbol TODGUMARY CORR (TMK)	5. Relationship of Reporting Person(s) to Issuer
(Last)	(First)	(Middle)	TORCHMARK CORP [TMK] 3. Date of Earliest Transaction	(Check all applicable)
TORCHMAN CORPORAT AVENUE SO	TION, 2001	THIRD	(Month/Day/Year) 11/18/2004	Director 10% Owner _X_ Officer (give title Other (specify below) VP & Treasurer
	(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

BIRMINGHAM, AL 35233

ionin/Day/Tear)	Applicable Line)
	X Form filed by One Reporting Person
	Form filed by More than One Reporting
	Person

(City)	(State) (Z	Cip) Table	I - Non-De	erivative S	ecuri	ties Acc	quired, Disposed	of, or Benefic	ially 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. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock							23,805	D		
Common Stock	11/18/2004		I	4,999 (1)	D	\$ 56 (1)	2,322 (1)	I	Thrift Plan Trust	
Common Stock							3,511 (2)	I	Profit Sharing & Retirement Trust	
Torchmark Capital	09/08/2004		W V	4,000	D	\$0	0	I	By Spouse	

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Trust

Preferred

Securities

Torchmark

Capital

By Family Trust 09/08/2004 W V 4,000 A \$0 4,000 I Trust

Preferred Securities

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

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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 2. Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	of	S	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				4, and 5)					
			Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount amber ares	

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

KLYCE MICHAEL J TORCHMARK CORPORATION 2001 THIRD AVENUE SOUTH

VP & Treasurer

BIRMINGHAM, AL 35233

Signatures

Michael J. Klyce, By:/s/Carol A. McCoy, 11/22/2004 Attorney-in-fact

> **Signature of Reporting Person Date

Reporting Owners 2

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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 \$ balances of units disposed of and units retained following reported transaction to shares using \$56.00 per share.
- (2) Shares in unitized fund in employee benefit plan estimate conversation of \$ balance to shares using \$54.84 per share.

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.