TORCHMARK CORP

Form 4/A

December 03, 2004

FORM 4

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

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

obligations may continue.

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 See Instruction

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

HUDSON CHARLES B

1. Name and Address of Reporting Person *

			TORCHMARK CORP [TMK]					(Check all applicable)				
(Last) (First) (Middle) TORCHMARK CORPORATION, 2001 THIRD AVENUE SOUTH			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2004						_X Director 10% Owner X Officer (give title Other (specify below) Chairman & CEO			
Filed(1 06/02 BIRMINGHAM, AL 35233				Amendment, Date Original (Month/Day/Year))2/2004					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any	ned n Date, if Day/Year)	3. Transa Code (Instr.	8)	4. Securi nAcquired Disposed (Instr. 3,	(A) o l 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)		
Common Stock	06/01/2004			G	V	1,000	D	\$0	505,155 (1)	D		
Common Stock									665,662 (1)	I	Trustee of GRATs for Children	
Common Stock									24,000	I	Custodian for Children	
Common Stock									20,106 (2) (3)	I	Thrift Plan Trust	

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

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SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired]
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable Date	Date	Title	Number		
				G 1 17	(A) (B)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
• 5	Director	10% Owner	Officer	Other				
HUDSON CHARLES B TORCHMARK CORPORATION 2001 THIRD AVENUE SOUTH BIRMINGHAM, AL 35233	X		Chairman & CEO					

Signatures

C.B. Hudson, By:/s/Carol A. McCoy,
Attorney-in-fact

**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) Reflects transfer of 54,540 shares and 42,246 shares from indirectly held as Trustee of GRATs for Children to direct holdings on 3-20-2004 and 5-28-2004, respectively, as distributions to reporting person from GRATs.
- (2) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance to shares using \$54.19 per share.
- (3) Amendment filed to correct calculation error in estimate conversion of \$ balance to shares from unitized fund in employee benefit plan.

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