ALMOND DANNY H

Form 4 March 02, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ALMOND DANNY H			2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
UNITED AMERICAN INSURANCE COMPANY, 3700 SOUTH STONEBRIDGE DRIVE			(Month/Day/Year) 02/28/2011	Director 10% Owner X Officer (give title Other (specify below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			

MCKINNEY, TX 75070

X Form filed by One Reporting Person

Form filed by More than One Reporting

(City)	(State)	Zip) Table	I - Non-Do	erivative S	Securi	ties Acquire	d, Disposed of, o	r Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securionor Dispo (Instr. 3,	sed of 4 and (A) or	` ′	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	02/28/2011		M	9,000	A	\$ 23.5	19,440	D	
Common Stock	02/28/2011		S	9,000	D	\$ 64.9322 (1) (2)	10,440	D	
Common Stock							4,665 (3)	I	Thrift 401(K) Plan Trust
Torchmark							14,700	D	

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Capital Trust

Preferred

Securities III

Torchmark

Corporation

Trust

Preferred Securities III 1,100 I

By Spouse

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

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SEC 1474 (9-02)

number.

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. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to	\$ 23.5	02/28/2011		M	Ģ	9,000	<u>(4)</u>	02/26/2016	Common Stock	9,000

Reporting Owners

Buy)

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

Reporting Owners 2

Signatures

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

03/02/2011

**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) Sales at prices ranging from \$64.90 per share to \$64.98 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.
- (3) Shares in unitized fund in employee benefit plan estimated conversion of transferred \$ balance using \$64.60 per share.
- (4) First exercisable as to 50% of shares on and after 2/26/2011 and as to remaining 50% of shares on and after 2/26/2012.

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.

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