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TORCHMARK CORP

Form 4 February 26,	2016										
	_								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box							Expires:	January 31		
subject to Section 1	if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Estimated burden hou	Estimated average burden hours per response 0.5		
obligation may cont <i>See</i> Instru 1(b).	^{ns} inue. Section 1'	7(a) of the		ility Hold	ing Com	pany	Act o	f 1935 or Sectio	on		
(Print or Type R	Responses)										
1. Name and A CARLSON	2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]					5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Che	Check all applicable)			
UNITED AMERICAN INSURANCE COMPANY, 3700 SOUTH STONEBRIDGE DRIVE			(Month/Day/Year) 02/24/2016					Director 10% Owner Officer (give title X Other (specify below) Officer of Principal Sub.			
	(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			
MCKINNE	Y, TX 75070							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock								0	D		
Common Stock								0	Ι	N/A	

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 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 of orDerivative 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 Buy)	\$ 50.6	02/24/2016		А	15,000	<u>(1)</u>	02/24/2023	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address		Relationships					
1 0	Director	10% Owner	Officer	Other			
CARLSON DAVID KENDALL UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070				Officer of Principal Sub.			
Signatures							
David K. Carlson, By:/s/Carol A. McCoy, Attorney-in-fact		02/26/201	6				
<u>**</u> 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) First exercisable as to 50% of shares 2-24-18 and as to remaining 50% of shares 2-24-19.

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.