LEAVELL BILL Form 4/A November 01, 2018

### FORM 4

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

OMB Number: 3235-0287

Estimated average

Expires:

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

January 31, 2005

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

2. Issuer Name and Ticker or Trading

burden hours per response... 0.5

**OMB APPROVAL** 

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

LEAVELL	BILL	-	Symbol	i i vaine <b>an</b>	u Heker (	n muc	0	Issuer	1 6	· /		
	TORCHMARK CORP [TMK]					(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					` <b></b>				
			(Month/	Day/Year)			-	Director		Owner		
GLOBE LIFE AND ACCIDENT			10/30/2018					Officer (give titleX_ Other (specify below)				
INSURANCE CO., 3700 SOUTH							·	Exec Officer of Principal Sub.				
STONEBR	IDGE DRIVE											
	4. If Am	endment, D	ate Origin	nal	(	6. Individual or Joint/Group Filing(Check						
	Filed(Mo	onth/Day/Yea	ır)		1	Applicable Line)						
	10/30/2018					_X_ Form filed by One Reporting Person Form filed by More than One Reporting						
MCKINNE	EY, TX 75070						Ī	Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	ırities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ite 2A. Deer	ned	3.	4. Secur	ities A	cquired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year	e) Execution	n Date, if	•				Securities	Ownership	Indirect		
(Instr. 3) any			N. (5.7. )	Code	(Instr. 3,	, 4 and	5)	Beneficially	Form: Direct (D)	Beneficial		
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	Ownership (Instr. 4)			
								Reported	or Indirect (I)	(111511. 4)		
						(A)		Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common								0	D			
Stock								O	D			
Common						_	\$	26,747.493	_	Family		
Stock	10/30/2018			S	211	D	83.9501	<u>(1)</u>	I	Trust		
C										TP1		
Common Stock								4,561 <u>(2)</u>	I	Thrift Plan Trust		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form

SEC 1474

(9-02)

#### Edgar Filing: LEAVELL BILL - Form 4/A

# displays a currently valid OMB control

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title a		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(World Day Tear)	any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlyi Securitie (Instr. 3	ing es	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title No	umber		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LEAVELL BILL GLOBE LIFE AND ACCIDENT INSURANCE CO. 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070

Exec Officer of Principal Sub.

### **Signatures**

Bill Leavell /s/ Carol A. McCoy, Attorney-in-Fact

11/01/2018

\*\*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) Includes 8.469 shares acquired through Company's dividend reinvestment plan not reflected in last report.
- (2) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance to shares using \$84.78 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.

Reporting Owners 2