Edgar Filing: TORCHMARK CORP - Form 4

TORCHMARK CORP

Form 4

December 14, 2006

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per 0.5 response...

Check this box

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * STONE SPENCER 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			
	(Month/Day/Year)	Director 10% Owner		
TORCHMARK	12/12/2006	_X_ Officer (give title Other (specify		
CORPORATION, 2001 THIRD AVENUE SOUTH		below) below) Controller		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
BIRMINGHAM, AL 35233	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (Z	Zip) Table	I - Non-Do	erivative Securities Ac	quired, Disposed	of, or Benefici	ally 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 onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	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					19,400	D	
Common Stock					13,325 (1)	I	Thrift Plan Trust
Common Stock					1,201 (1)	I	Profit Sharing & Retirement Trust
Common Stock					9,800	I	By Spouse

Edgar Filing: TORCHMARK CORP - Form 4

Torchmark Capital

Trust 1,000 D

Preferred Securities III

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 displays a currently valid OMB control number.

SEC 1474 (9-02)

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. Transac Code (Instr. 8	etion			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (Right to	\$ 63.7	12/12/2006		A		1,750		(2)	12/12/2013	Common Stock	1,750				

Reporting Owners

Reporting Owner Name / Address						
	Director	10% Owner	Officer	Other		
STONE SPENCER H						
TORCHMARK CORPORATION			Controllor			
2001 THIRD AVENUE SOUTH			Controller			
BIRMINGHAM, AL 35233						

Signatures

Buy)

Spencer H. Stone, By:/s/Carol A. McCoy, Attorney-in-fact

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: TORCHMARK CORP - Form 4

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 \$ balance to shares using \$63.70 per share.
- (2) First exercisable as to 50% of shares on and after 12-12-2008 and as to remaining 50% of shares on and after 12-12-2009.

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.