Edgar Filing: NATIONAL WESTERN LIFE INSURANCE CO - Form 4

NATIONAL WESTERN LIFE INSURANCE CO

Form 4

December 13, 2013

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

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

10% Owner

Other (specify

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16.

Section 16.

Form 4 or
Form 5

Chilipations

Filed pursuant to Section 16(a) of the Securities Excurities Excu

Form 5 obligations may continue. See Instruction See Instruction 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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

McLeod E Douglas

2. Issuer Name and Ticker or Trading

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Symbol

NATIONAL WESTERN LIFE INSURANCE CO [NWLI]

3. Date of Earliest Transaction

(Check all applicable)

5. Relationship of Reporting Person(s) to

X Director

Officer (give title

850 E ANDERSON LANE

(Month/Day/Year) 12/11/2013

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

3.

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Person

Issuer

below)

AUSTIN, TX 78752

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

4. Securities

5. Amount of Securities Form: Direct Indirect
Beneficially (D) or Beneficial
Owned Indirect (I) Ownership
Following (Instr. 4) (Instr. 4)

(A) Reported Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price (I

te (Ilisti. 3 alid 4)

Class A Common

2,000 D

Stock

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)

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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 coof 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 Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	An or No of Sh
Stock Appreciation Rights	\$ 210.22	12/11/2013		A	1,000	12/11/2014(1)	12/11/2023	Class A Common Stock	1
Stock Appreciation Rights	\$ 132.56					12/14/2012(2)	12/14/2021	Class A Common Stock	1
Stock Appreciation Rights	\$ 114.64					02/19/2010(2)	02/19/2019	Class A Common Stock	1
Non-Qualified Stock Options	\$ 208.05					06/20/2009(1)	06/20/2018	Class A Common Stock	1

Reporting Owners

Relationships					
Director	10% Owner	Officer	Other		
X					
		Director 10% Owner	Director 10% Owner Officer		

Signatures

E. Douglas
McLeod

**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) The options are exercisable as they vest. The options vest in five equal annual installments beginning on the Date Exercisable.
- (2) The SARs are exercisable as they vest. The SARs vest in five equal annual installments beginning on the Date Exercisable.

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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