### Edgar Filing: NATIONAL WESTERN LIFE INSURANCE CO - Form 4

#### NATIONAL WESTERN LIFE INSURANCE CO

Form 4

March 18, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Pribyl Brian Mark

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

NATIONAL WESTERN LIFE

INSURANCE CO [NWLI]

(Check all applicable)

850 E ANDERSON LANE

3. Date of Earliest Transaction (Month/Day/Year)

03/17/2014

Director 10% Owner Other (specify X\_ Officer (give title

6. Individual or Joint/Group Filing(Check

below) Sr. VP - CFO

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

AUSTIN, TX 78752

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y 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. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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)
Class A Common Stock	03/17/2014		M	600	A	\$ 114.64	600	D	
Class A Common Stock	03/17/2014		D	600	D	\$ 247.9	0	D	

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. Transacti Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Stock Appreciation Rights	\$ 210.22					12/11/2016(1)	12/11/2023	Class A Common Stock	1,00
Stock Appreciation Rights	\$ 132.56					12/14/2014(1)	12/14/2021	Class A Common Stock	1,00
Stock Appreciation Rights	\$ 114.64					02/19/2012(1)	02/19/2019	Class A Common Stock	400
Non Qualified Stock Options	\$ 255.13					04/18/2011(2)	04/18/2018	Class A Common Stock	1,00
Stock Appreciation Rights	\$ 114.64	03/17/2014		M	600	02/19/2012(1)	02/19/2019	Class A Common Stock	600

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

Pribyl Brian Mark

850 E ANDERSON LANE Sr. VP - CFO

AUSTIN, TX 78752

# **Signatures**

Brian M. Pribyl 03/18/2014

\*\*Signature of Reporting Person Date

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