Edgar Filing: National Western Life Group, Inc. - Form 4

National Western Life Group, Inc. Form 4 December 20, 2016

| December 20 | , 2010 | | | | | | | | | | |
|--|---|--|------------|--|-------------|---|-------------------------|--|--|---|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or | er STATEN 5. | x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | January 31, 2005 average irs per 0.5 | |
| Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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). (0.5) (0. | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IsWood Bruce EdwinSymbol | | | | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | National Western Life Group, Inc. [NWLI] | | | | | (Check all applicable) | | | | | |
| (Last) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | Director 10% Owner Officer (give title Other (specify below) below) | | | | | |
| 850 E. ANDERSON LANE | | | 12/19/2016 | | | | | NWLIC VP - Controller | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| AUSTIN, TX 78752 — Form filec Person | | | | | | | More than One Reporting | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | (Month/Day/Year) Execution Date, if | | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | SecuritiesHBeneficially(OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 12/19/2016 | | | S | 400 | D | \$ 316 | 0 | D | | |

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.

 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. Transact Code (Instr. 8) | 5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | ′ (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: National Western Life Group, Inc. - Form 4

Reporting Owners

| Reporting Owner Name / Addres | 55 | Relationships | | | | | | |
|--|------------|---------------|-----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Wood Bruce Edwin 850 E. ANDERSON LANE AUSTIN, TX 78752 | | | NWLIC VP - Controller | | | | | |
| Signatures | | | | | | | | |
| Bruce E. Wood | 12/20/2016 | | | | | | | |
| **0' (| D. | | | | | | | |

**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).

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.