National Western Life Group, Inc.

Form 4

April 24, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

obligations may continue. 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).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Mills Steven Walter

AUSTIN, TX 78752

(City)

1. Title of

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

National Western Life Group, Inc.

[NWLI]

(Last) (First) (Middle)

850 E. ANDERSON LANE

(Month/Day/Year) 04/20/2017

(Street)

(State)

(Month/Day/Year)

(Zip)

2. Transaction Date 2A. Deemed

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Instr. 3, 4 and 5)

Owned Following Reported (A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 3. Transaction Date 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and Amount Derivative Conversion (Month/Day/Year) Execution Date, if Transactionof **Expiration Date** Underlying Securitie Security or Exercise Code Derivative (Month/Day/Year) (Instr. 3 and 4) any

OMB APPROVAL

3235-0287

January 31,

2005

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OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

NWLIC - SVP CAO

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

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

(T)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Beneficially

Director

Applicable Line)

X_ Officer (give title

Estimated average

burden hours per

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	3)	Securi Acquir (A) or Dispos of (D) (Instr. and 5)	red sed 3, 4,				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Restricted Stock Units	(1)	04/20/2017		A		51		04/20/2020(2)	<u>(1)</u>	Class A Common Stock	51
Stock Appreciation Rights	\$ 310.55	04/20/2017		A		203		04/20/2018(3)	04/20/2027	Class A Common Stock	203

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Mills Steven Walter 850 E. ANDERSON LANE AUSTIN, TX 78752

NWLIC - SVP CAO

Signatures

Steve W. Mills 04/24/2017

**Signature of 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) Each restricted stock unit represents a contingent right to receive, with no additional consideration payable, the cash value of one share of NWLI Class A common stock on the Date Exercisable.
- (2) The restricted stock units have a three year cliff vesting schedule that begins on the grant date. The restricted stock units will vest 100% on the third anniversary from the grant date.
- (3) The SARs are exercisable as they vest. The SARs vest in three 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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