#### Edgar Filing: KANSAS CITY LIFE INSURANCE CO - Form 4

#### KANSAS CITY LIFE INSURANCE CO

Form 4

February 21, 2014

| FORM 4 | UNITED STA |
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#### **OMB APPROVAL**

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

### TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

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

Form 5 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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Mason Alan Craig Jr.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

KANSAS CITY LIFE INSURANCE CO [KCLI]

(Check all applicable) 10% Owner

Sr VP, General Counsel & Secy

3. Date of Earliest Transaction

(Month/Day/Year) 01/27/2014

Other (specify X\_ Officer (give title below)

C/O KANSAS CITY LIFE **INSURANCE COMPANY, 3520 BROADWAY** 

(First)

(Middle)

(Street)

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

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

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

KANSAS CITY, MO 64111

(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) (Month/Day/Year)

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

5. Amount of Securities Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported

6. Ownership 7. Nature of Indirect Form: Direct Beneficial Ownership (Instr. 4)

(A)

Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Common Stock,

\$1.25 par value

By 401(k) 941 I Plan

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of or 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 Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                     |
|---|---|--------------------------------------|---|--|--|--|--------------------|---|-------------------------------------|
|   |   |                                      |   | Code V                                 | (A) (D)  | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| Phantom<br>Stock<br>Option                          | \$ 37.86  |                                      |   |  |  | 01/01/2016   | 01/01/2016         | Common<br>Stock   | 14,151                              |
| Phantom<br>Stock<br>Option                          | \$ 48.06  | 01/27/2014                           |   | A                                      | 12,748   | 01/01/2017   | 01/01/2017         | Common<br>Stock   | 12,748                              |

## **Reporting Owners**

| Reporting Owner Name / Address | Keiauonsinps |           |         |       |  |
|--------------------------------|--------------|-----------|---------|-------|--|
|                                | Director     | 10% Owner | Officer | Other |  |

Mason Alan Craig Jr. C/O KANSAS CITY LIFE INSURANCE COMPANY 3520 BROADWAY KANSAS CITY, MO 64111

Sr VP, General Counsel & Secy

### **Signatures**

/s/A. Craig Mason, Jr. 02/21/2014

\*\*Signature of Date
Reporting Person

## **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.

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