

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response...	0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person Broer                      Gregory                      S.			2. Date of Event Requiring Statement (Month/Day/Year) 06/16/2017		3. Issuer Name and Ticker or Trading Symbol Citizens, Inc. [CIA]	
(Last)                      (First)                      (Middle) 400 E. Anderson Lane					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director                      ____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below)                      ____ Other (specify below)	
(Street) Austin                      TX					5. If Amendment, Date Original Filed(Month/Day/Year)	
(City)                      (State)                      (Zip)					6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Citizens, Inc. Class A Common Stock	0	D	

**Table II - Derivative Securities Beneficially Owned ( e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Explanation of Responses:**

/s/Gregory S. Broer  
\*\*Signature of Reporting Person

06/29/2017  
Date

\* If the form is filed by more than one reporting person, see Instruction 5(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.