Vulcan Materials CO Form SC 13G February 13, 2014

Schedule 13G

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

SCHEDULE 13G

Under the Securities Exchange Act of 1934

(Amendment No. ____) *

34

	VULCAN MATERIALS COMPANY
	(Name of Issuer)
	COMMON SHARES
	(Title of Class of Securities)
	929160109
	(Cusip Number) 12/31/2013
(Dat	e of Event Which Requires Filing of this Statement

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[X] Rule 13d-1(b)
[] Rule 13d-1(c)
[] Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities

CUSIP No929160109 1. Name of Reporting Person and I.R.S. Identific State Farm Mutual Automobile Insurance Companion 2. Check the appropriate box if a Member of a Grant (a) (b)X	ny 37-0 —	No.:		11	
 Name of Reporting Person and I.R.S. Identific State Farm Mutual Automobile Insurance Companion Check the appropriate box if a Member of a Grant (a)	ny 37-0 —				
State Farm Mutual Automobile Insurance Companies 2. Check the appropriate box if a Member of a Grant (a) (b)X	ny 37-0 —				
(a) (b)X	— coup		0.0		
2 CEC HCE ONLY.					
3. SEC USE ONLY:					
4. Citizenship or Place of Organization: Illino.	is				
Number of 5. Sole Voting Power: 8,373,600 Shares				_	
Beneficially 6. Shared Voting Power: 32,441 Owned by				_	
Each 7. Sole Dispositive Power: 8,373,60 Reporting	00				
Person With 8. Shared Dispositive Power: 32,44	L				
9. Aggregate Amount Beneficially Owned by each 1	— Reporti	ng Pe	erson	: 8,4	106,041
lO. Check Box if the Aggregate Amount in Row 9 ex	 kcludes	Cert	tain	Share	es:
11. Percent of Class Represented by Amount in Ro	y 9: 6.	46 9	26		
12. Type of Reporting Person: IC					
Schedule 13G	Page .	3	_ of	11	_ Pages
CUSIP No929160109					
1. Name of Reporting Person and I.R.S. Identific State Farm Life Insurance Company 37-0533090	 cation :	No.:			
2. Check the appropriate box if a Member of a Garage (a) (b)X	 coup				
3. SEC USE ONLY:					
4. Citizenship or Place of Organization: Illino	is				
Number of 5. Sole Voting Power: 123,400 Shares					
Beneficially 6. Shared Voting Power: 7,366 Owned by				-	
Each 7. Sole Dispositive Power: 123,400 Reporting				-	
Person With 8. Shared Dispositive Power: 7,366				-	
9. Aggregate Amount Beneficially Owned by each 1	— Reporti	ng Pe	erson	: 130	,766

11.	Percent of Class Represented by Amount in Row	9: 0.10 %
12.	Type of Reporting Person: IC	-
Sch	edule 13G	Page of Pages
CUSI	P No929160109	
1.	Name of Reporting Person and I.R.S. Identification State Farm Fire and Casualty Company 37-05330	
2.	Check the appropriate box if a Member of a Gro(a)(b)X	- oup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Illinois	-
Num Sha	ber of 5. Sole Voting Power: 0 res	
Ben	eficially 6. Shared Voting Power: 4,167	
Eac	-	
-	son With 8. Shared Dispositive Power: 4,167	
$\frac{9.}{10.}$ $\frac{11.}{11.}$	Aggregate Amount Beneficially Owned by each Re Check Box if the Aggregate Amount in Row 9 exc Percent of Class Represented by Amount in Row	cludes Certain Shares:
12. Sch	Type of Reporting Person: IC edule 13G	Page of Pages 11
CUSI	P No929160109	
1.	Name of Reporting Person and I.R.S. Identifications State Farm Investment Management Corp.	ation No.:
2.	Check the appropriate box if a Member of a Gro (a) (b)X	pup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Delaware	- e
Num Sha	ber of 5. Sole Voting Power: 1,199,400 res	
	eficially 6. Shared Voting Power: 11,335 ed by	
Eac Rep	h 7. Sole Dispositive Power: 1,199,400 orting	
Per	son With 8. Shared Dispositive Power: 11,335	
9.	Aggregate Amount Beneficially Owned by each Re	eporting Person: 1,210,735

11.	Percent of Class Represented by Amount in Row	9: 0.93 %
12.	Type of Reporting Person: IA	-
Sch	edule 13G	Page of Pages
CUSI	P No929160109	_
1.	Name of Reporting Person and I.R.S. Identification State Farm Insurance Companies Employee Retire	
2.	Check the appropriate box if a Member of a Gro (a) (b)X	- oup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Illinois	- 3
	ber of 5. Sole Voting Power: 1,456,700	-
Ber	eficially 6. Shared Voting Power: 4,518	
Eac	-)
_	son With 8. Shared Dispositive Power: 4,518	
9.	Aggregate Amount Beneficially Owned by each Re	eporting Person: 1,461,218
10.	Check Box if the Aggregate Amount in Row 9 exc	cludes Certain Shares:
11.	Percent of Class Represented by Amount in Row	9: 1.12 %
12.	Type of Reporting Person: EP	-
Sch	edule 13G	Page of Pages 11
CUSI	P No929160109	
1.	Name of Reporting Person and I.R.S. Identifications State Farm Insurance Companies Savings and The Employees 37-6091823	
2.	Check the appropriate box if a Member of a Gro (a) (b)X	- pup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Illinois	- 3
	ber of 5. Sole Voting Power: 1,527,500	-
Ber	meficially 6. Shared Voting Power: 0	
OWI		

Person With 8. Shared Dispositive Power: 0

9.	Aggı	rega	ate Amoi	unt Benefi	cially	y Own	ed by	each	Rep	orting	Pers	on: 1,5	527 , 500
10.	Chec	ck E	Box if t	the Aggreg	gate Ar	mount	in F	low 9	excl	udes C	ertai:	n Share	es:
11.	Pero	cent	of Cla	ass Repres	ented	by A	mount	in Ro	ow 9	: 1.17	90		
12.	Туре	e of	f Report	ting Perso	n: EP								
Sch	edule	e 13	3G						P	age	8	f	_ Pages
Item	1(a)	ar	nd (b).	Name and	l Addre	ess o	f Iss	uer &	Pri	ncipal	Exec	utive (Offices:
				VULCAN MA 1200 URBA BIRMINGHA	N CENT	TER D	R.						
Item	2(a)		Name of	f Person F	'iling	: Sta	te Fa	rm Mut	tual	Autom	obile	Insura	ance
								and re		ed ent	ities	; See	Item 8
Item	2 (b)		Address	s of Princ	cipal E	Busin	ess C	ffice	: One	e Stat	e Fari	m Plaza	Э
									Bl	ooming	ton,	IL 6171	10
Item	2(c)		Citizer	nship: Uni	ted St	tates							
Item	2 (d)	ar	nd (e).	Title of	Class	s of	Secur	ities	and	Cusip	Numb	er: Se	e above.
Item	3.	Thi	is Sched	dule is be	eing f	iled,	in a	.ccord	ance	with	240.1	3d-1 (b)).
		See	e Exhib	it A attac	ched.								_
Item	4 (a)	•	Amount	Beneficia	ally Ov	wned:	12,7	40,42	7 sh	ares			
Item	4 (b)		Percent	of Class	s: 9.78	8 per	cent	pursua	ant 1	to Rul	e 13d	-3(d)(1	1).
Item	4 (c)		Number	of shares	as to	o whi	ch su	ch pe	rson	has:			
			(ii) Sha (iii) So	e Power to ared power ole Power ared Power	to vo	ote o spose	r to or t	direct	t the	e vote dispos	: 59, ition	827 of: 12	
Item	5.	Owr	nership	of Five P	ercent	t or	less	of a (Clas	s: Not	Appl	icable	•
Item	6.	Owr	nership	of More t	han F	ive P	ercer	t on 1	Beha	lf of	Anoth	er Pers	son: N/A
Item	7.	Ide	entifica	ation and	Class	ifica	tion	of the	e Sul	bsidia	ry Wh	ich Aco	quired
		the	e Securi	ity being	Report	ted o	n by	the Pa	aren	t Hold	ling C	ompany	: N/A

Item 8. Identification and Classification of Members of the Group:						
	See Exhibit A attached.					
Item 9.	Notice of Dissolution of Grou	p: N/A				
Schedule	e 13G	Page of Pages 11				
my know acquire for the influer not acc	O. Certification. By signing wledge and belief, the securit ed in the ordinary course of be purpose of and do not have the control of the issue quired in connection with or a ction having such purpose or e	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any				
I cert	reasonable inquiry and to the	Signature best of my knowledge and belief, orth in this statement is true,				
	02/07/2014	STATE FARM MUTUAL AUTOMOBILE				
	Date	INSURANCE COMPANY				
		STATE FARM LIFE INSURANCE COMPANY				
		STATE FARM FIRE AND CASUALTY COMPANY				
_	FARM INSURANCE COMPANIES DYEE RETIREMENT TRUST	STATE FARM INVESTMENT MANAGEMENT CORP.				
SAVI	FARM INSURANCE COMPANIES NGS AND THRIFT PLAN FOR EMPLOYEES	STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND				
		STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND				
		STATE FARM MUTUAL FUND TRUST				
	s/ Paul N. Eckley	/s/ Paul N. Eckley				
Paul Schedule	l N. Eckley, Fiduciary of each of the above e 13G	Paul N. Eckley, Vice President of each of the above Page of Pages				

EXHIBIT A

This Exhibit lists the entities affiliated with State Farm Mutual Automobile Insurance Company ("Auto Company") which might be deemed to constitute a "group" with regard to the ownership of shares reported herein.

Auto Company, an Illinois-domiciled insurance company, is the parent company of multiple wholly owned insurance company subsidiaries, including State Farm Life Insurance Company, and State Farm Fire and Casualty Company. Auto Company is also the parent company of State Farm Investment Management Corp. ("SFIMC"), which is a registered transfer agent under the Securities Exchange Act of 1934 and a registered investment advisor under the Investment Advisers Act of 1940. SFIMC serves as transfer agent and investment adviser to State Farm Associates' Funds Trust, State Farm Variable Product Trust, and State Farm Mutual Fund Trust, three Delaware Business Trusts that are registered investment companies under the Investment Company Act of 1940. Auto Company also sponsors two qualified retirement plans for the benefit of its employees, which plans are named the State Farm Insurance Companies Employee Retirement Trust and the State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees (collectively the "Qualified Plans").

As part of its corporate structure, Auto Company has established an Investment Department. The Investment Department is directly or indirectly responsible for managing or overseeing the management of the investment and reinvestment of assets owned by each person that has joined in filing this Schedule 13G. Moreover, the Investment Department is responsible for voting proxies or overseeing the voting of proxies related to issuers the shares of which are held by one or more entities that have joined in filing this report. Each insurance company included in this report and SFIMC have established an Investment Committee that oversees the activities of the Investment Department in managing the firm's assets. The Trustees of the Qualified Plans perform a similar role in overseeing the investment of each plan's assets.

Pursuant to Rule 13d-4 each person listed in the table below expressly disclaims "beneficial ownership" as to all shares as to which such person has no right to receive the proceeds of sale of the security and disclaims that it is part of a "group".

Schedule 13G		of	_ Pages
Name	Classification Under Item 3		based eeds
State Farm Mutual Automobile Insurance Compa	anv IC	8,406,041	shares
State Farm Life Insurance Company	IC	130,766	shares
State Farm Fire and Casualty Company	IC	4,167	shares
State Farm Investment Management Corp.	IA	11,335	shares
State Farm Associates Funds Trust - State			
Farm Growth Fund	IV	1,039,200	shares
State Farm Associates Funds Trust - State			

IV	160,200 shares
IV	0 shares
EP	1,461,218 shares
EP	
	1,208,400 shares
	319 , 100 shares
IV	0 shares
	12,740,427 shares
	IV EP EP