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Helmerich & Payne, Inc.  
Form SC 13G  
February 05, 2019

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

HELMERICH & PAYNE, INC.

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(Name of Issuer)

COMMON SHARES

---

(Title of Class of Securities)

423452101

---

(Cusip Number)  
12/31/2018

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(Date of Event Which Requires Filing of this Statement)

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

- 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

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be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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CUSIP No. 423452101

1. Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Automobile Insurance Company 37-0533100

2. Check the appropriate box if a Member of a Group (a) (b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of Shares Beneficially Owned by Each Reporting Person With 5. Sole Voting Power: 8,257,200 6. Shared Voting Power: 29,273 7. Sole Dispositive Power: 8,257,200 8. Shared Dispositive Power: 29,273

9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,286,473

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:

11. Percent of Class Represented by Amount in Row 9: 7.58 %

12. Type of Reporting Person: IC

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CUSIP No. 423452101

1. Name of Reporting Person and I.R.S. Identification No.: State Farm Life Insurance Company 37-0533090

2. Check the appropriate box if a Member of a Group (a) (b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of Shares Beneficially Owned by Each Reporting Person With 5. Sole Voting Power: 0 6. Shared Voting Power: 6,420 7. Sole Dispositive Power: 0 8. Shared Dispositive Power: 6,420

9. Aggregate Amount Beneficially Owned by each Reporting Person: 6,420

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10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_  
\_\_\_\_\_  
11. Percent of Class Represented by Amount in Row 9: 0.01 %  
\_\_\_\_\_  
12. Type of Reporting Person: IC  
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CUSIP No. \_\_\_423452101 \_\_\_\_\_

1. Name of Reporting Person and I.R.S. Identification No.:  
State Farm Fire and Casualty Company 37-0533080

2. Check the appropriate box if a Member of a Group  
(a) \_\_\_\_\_  
(b)  X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 0  
Shares \_\_\_\_\_  
Beneficially 6. Shared Voting Power: 3,962  
Owned by \_\_\_\_\_  
Each 7. Sole Dispositive Power: 0  
Reporting \_\_\_\_\_  
Person With 8. Shared Dispositive Power: 3,962

9. Aggregate Amount Beneficially Owned by each Reporting Person: 3,962

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_  
\_\_\_\_\_  
11. Percent of Class Represented by Amount in Row 9: 0.00 %  
\_\_\_\_\_  
12. Type of Reporting Person: IC  
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CUSIP No. \_\_\_423452101 \_\_\_\_\_

1. Name of Reporting Person and I.R.S. Identification No.:  
State Farm Insurance Companies Employee Retirement Trust 36-6042145

2. Check the appropriate box if a Member of a Group  
(a) \_\_\_\_\_  
(b)  X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 0  
Shares \_\_\_\_\_  
Beneficially 6. Shared Voting Power: 4,345  
Owned by \_\_\_\_\_  
Each 7. Sole Dispositive Power: 0  
Reporting \_\_\_\_\_  
Person With 8. Shared Dispositive Power: 4,345

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,345

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10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_

11. Percent of Class Represented by Amount in Row 9: 0.00 %

12. Type of Reporting Person: IC  
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Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices:

HELMERICH & PAYNE, INC.  
1437 SOUTH BOULDER AVE.  
SUITE 1400  
TULSA, OK 74119-3623

Item 2(a). Name of Person Filing: State Farm Mutual Automobile Insurance

Company and related entities; See Item 8  
and Exhibit A

Item 2(b). Address of Principal Business Office: One State Farm Plaza

Bloomington, IL 61710

Item 2(c). Citizenship: United States

Item 2(d) and (e). Title of Class of Securities and Cusip Number: See above.

Item 3. This Schedule is being filed, in accordance with 240.13d-1(b).

See Exhibit A attached.

Item 4(a). Amount Beneficially Owned: 8,301,200 shares

Item 4(b). Percent of Class: 7.59 percent pursuant to Rule 13d-3(d)(1).

Item 4(c). Number of shares as to which such person has:

- (i) Sole Power to vote or to direct the vote: 8,257,200
- (ii) Shared power to vote or to direct the vote: 44,000
- (iii) Sole Power to dispose or to direct disposition of: 8,257,200
- (iv) Shared Power to dispose or to direct disposition of: 44,000

Item 5. Ownership of Five Percent or less of a Class: Not Applicable.

Item 6. Ownership of More than Five Percent on Behalf of Another Person: N/A

Item 7. Identification and Classification of the Subsidiary Which Acquired  
the Security being Reported on by the Parent Holding Company: N/A

Item 8. Identification and Classification of Members of the Group:

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See Exhibit A attached.

Item 9. Notice of Dissolution of Group: N/A

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Item 10. Certification. By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

01/31/2019

\_\_\_\_\_  
Date

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY  
STATE FARM LIFE INSURANCE COMPANY  
STATE FARM FIRE AND CASUALTY  
COMPANY  
STATE FARM INVESTMENT MANAGEMENT  
CORP.  
STATE FARM ASSOCIATES FUNDS  
TRUST - STATE FARM GROWTH FUND  
STATE FARM ASSOCIATES FUNDS  
TRUST - STATE FARM BALANCED  
FUND

STATE FARM INSURANCE COMPANIES  
EMPLOYEE RETIREMENT TRUST  
STATE FARM INSURANCE COMPANIES  
SAVINGS AND THRIFT PLAN FOR  
U.S. EMPLOYEES

/s/ Paul N. Eckley

\_\_\_\_\_

Paul N. Eckley, Fiduciary of  
each of the above  
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/s/ Paul N. Eckley

\_\_\_\_\_

Paul N. Eckley, Vice President  
of each of the above  
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EXHIBIT A

This Exhibit lists the entities affiliated with State Farm Mutual Automobile Insurance Company ("Auto Company") which might be deemed to



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|                              |    |                  |
|------------------------------|----|------------------|
| Balanced Account             |    | 0 shares         |
| State Farm Mutual Fund Trust | IV | 0 shares         |
|                              |    | -----            |
|                              |    | 8,301,200 shares |

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