AIR PRODUCTS & CHEMICALS INC /DE/

Form SC 13G February 02, 2016

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. ____) *

26

	AIR PRODUCTS & CHEMICALS, INC.
	(Name of Issuer)
	COMMON SHARES
	(Title of Class of Securities)
	009158106
	(Cusip Number) 12/31/2015
(E	Date 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

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). Page ____ of ___ Pages ____ 12 Schedule 13G CUSIP No. ____009158106 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 5. Sole Voting Power: 7,018,600 Shares Beneficially 6. Shared Voting Power: 49,705 7. Sole Dispositive Power: 7,018,600 Each Reporting Person With 8. Shared Dispositive Power: 49,705 9. Aggregate Amount Beneficially Owned by each Reporting Person: 7,068,305 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____ 11. Percent of Class Represented by Amount in Row 9: 3.28 % 12. Type of Reporting Person: IC Schedule 13G Page ____ of ___ Pages ____ 12 CUSIP No. ____009158106 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 5. Sole Voting Power: 236,500 Beneficially 6. Shared Voting Power: 11,121 Owned by 7. Sole Dispositive Power: 236,500 Each Reporting Person With 8. Shared Dispositive Power: 11,121 9. Aggregate Amount Beneficially Owned by each Reporting Person: 247,621

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

11. Percent	of Class Represented by Amount in R	ow 9: 0.11 %
12. Type of	Reporting Person: IC	
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CUSIP No	009158106	
	Reporting Person and I.R.S. Identif rm Fire and Casualty Company 37-053	
2. Check the (a)X	e appropriate box if a Member of a - -	Group
3. SEC USE	ONLY:	
4. Citizens	hip or Place of Organization: Illin	ois
Number of Shares	5. Sole Voting Power: 1,701,200	
Beneficially Owned by	6. Shared Voting Power: 6,455	
Each Reporting	7. Sole Dispositive Power: 1,701,	200
Person With	8. Shared Dispositive Power: 6,45	5
9. Aggregate	e Amount Beneficially Owned by each	Reporting Person: 1,707,655
10. Check Box	x if the Aggregate Amount in Row 9	excludes Certain Shares:
11. Percent	of Class Represented by Amount in R	ow 9: 0.79 %
12. Type of	Reporting Person: IC	
Schedule 13G		Page of Pages 12
CUSIP No	009158106	
	Reporting Person and I.R.S. Identif rm Investment Management Corp.	ication No.:
2. Check the (a) (b)X	e appropriate box if a Member of a - -	Group
3. SEC USE	ONLY:	
4. Citizens	hip or Place of Organization: Delaw	are
Number of Shares	5. Sole Voting Power: 1,060,000	
Beneficially Owned by	6. Shared Voting Power: 6,397	
Each Reporting	7. Sole Dispositive Power: 1,060,	000
Person With	8. Shared Dispositive Power: 6,39	7

9. Aggregate Amount Beneficially Owned by each Reporting Person: 1,066,397

10. Check Box	x if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11. Percent o	of Class Represented by Amount in Row	9: 0.49 %
12. Type of H	Reporting Person: IA	-
Schedule 13G		Page of Pages
CUSIP No	009158106	
	Reporting Person and I.R.S. Identificarm Insurance Companies Employee Retire	
2. Check the (a) (b)X		- pup
3. SEC USE (YLMC:	-
4. Citizensh	nip or Place of Organization: Illinois	- 3
Number of Shares	5. Sole Voting Power: 4,000,000	-
	6. Shared Voting Power: 6,918	
Each Reporting	7. Sole Dispositive Power: 4,000,000	
Person With	8. Shared Dispositive Power: 6,918	
9. Aggregate	e Amount Beneficially Owned by each Re	eporting Person: 4,006,918
10. Check Box	x if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11. Percent o	of Class Represented by Amount in Row	9: 1.86 %
12. Type of H	Reporting Person: EP	-
Schedule 13G		Page of Pages
CUSIP No	009158106	
State Fai	Reporting Person and I.R.S. Identificarm Insurance Companies Savings and Thropyees 37-6091823	
2. Check the (a)(b)X		- pup
3. SEC USE (NLY:	-
4. Citizensh	nip or Place of Organization: Illinois	- S
Number of	5. Sole Voting Power: 1,376,800	-
Shares Beneficially	6. Shared Voting Power: 0	
Owned by Each	7. Sole Dispositive Power: 1,376,800)

_	orting Son With 8. Shared Dispositive Power: 0	
9.	Aggregate Amount Beneficially Owned by each Re	eporting Person: 1,376,800
10.	Check Box if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11.	Percent of Class Represented by Amount in Row	9: 0.64 %
12.	Type of Reporting Person: EP	-
Sch	nedule 13G	Page of Pages
CUSI	P No009158106	_
1.	Name of Reporting Person and I.R.S. Identification State Farm Mutual Fund Trust 37-1400576	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: Illinois	- 3
Sha	ber of 5. Sole Voting Power: 0 ares deficially 6. Shared Voting Power: 12,014	-
	ned by	
Rep	porting Son With 8. Shared Dispositive Power: 12,014	
	<u> </u>	-
9.	Aggregate Amount Beneficially Owned by each Re	- -
10.	Check Box if the Aggregate Amount in Row 9 exc	cludes Certain Shares: -
11.	Percent of Class Represented by Amount in Row	9: 0.01 %
	Type of Reporting Person: EP medule 13G	Page of Pages 12
Item	n 1(a) and (b). Name and Address of Issuer & Pr	rincipal Executive Offices:
	AIR PRODUCTS & CHEMICALS, INC. 7201 HAMILTON BLVD. ALLENTOWN, PA 18195-1501	
Item	2(a). Name of Person Filing: State Farm Mutua	al Automobile Insurance
	Company and rela and Exhibit A	ated entities; See Item 8
Item	2(b). Address of Principal Business Office: C	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: 15,485,710 shares Item 4(b). Percent of Class: 7.18 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: 15,393,100 (ii) Shared power to vote or to direct the vote: 92,610 (iii) Sole Power to dispose or to direct disposition of:15,393,100 (iv) Shared Power to dispose or to direct disposition of: 92,610 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: See Exhibit A attached. Item 9. Notice of Dissolution of Group: N/A Page ____ of ___ Pages Schedule 13G 10 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.

01/23/2016 STATE FARM MUTUAL AUTOMOBILE

INSURANCE COMPANY Date

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY COMPANY

STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST

STATE FARM INVESTMENT MANAGEMENT CORP.

STATE FARM INSURANCE COMPANIES STATE FARM ASSOCIATES FUNDS
SAVINGS AND THRIFT PLAN FOR TRUST - STATE FARM GROWTH SAVINGS AND THRIFT PLAN FOR U.S. EMPLOYEES

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 N. Eckley, Fiduciary of each of the above Schedule 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	Number Shares b on on Proce of Sal	ased eds
Ctata Farm Matual Automobile Ingurance Compa	nv IC	7 060 305	ahamaa
State Farm Mutual Automobile Insurance Compani State Farm Life Insurance Company	TC	7,068,305 247,621	
State Farm Fire and Casualty Company	TC	1,707,655	
State Farm Investment Management Corp.	TA		shares
State Farm Associates Funds Trust - State	IA	U	Silares
Farm Growth Fund	TV	830,000	charac
State Farm Associates Funds Trust - State	± V	030,000	SHALES
Farm Balanced Fund	TV	230,000	charac
State Farm Variable Product Trust	TV	•	shares
State Farm Insurance Companies Employee	± v	0,331	SHALCS
Retirement Trust	EP	4,006,918	shares
State Farm Insurance Companies Savings and		1,000,010	Dilares
Thrift Plan for U.S. Employees	EP		
Equities Account		1,120,800	shares
Balanced Account		256,000	
State Farm Mutual Fund Trust	IV	12,014	
		15,485,710	shares