MCCORMICK & CO INC Form SC 13G February 08, 2018

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. \_\_\_\_) \*

30

|         | MCCORMICK & COMPANY, INCORPORATED                 |
|---------|---|
|         | (Name of Issuer)                                  |
|         | COMMON SHARES                                     |
|         | (Title of Class of Securities)                    |
|         | 579780206   |
|         | (Cusip Number)<br>12/31/2017                      |
| (Date o | 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). Schedule 13G Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 12 CUSIP No. \_\_\_\_579780206 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: 4,888,000 Shares Beneficially 6. Shared Voting Power: 31,263 7. Sole Dispositive Power: 4,888,000 Each Reporting Person With 8. Shared Dispositive Power: 31,263 9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,919,263 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_ 11. Percent of Class Represented by Amount in Row 9: 4.06 % 12. Type of Reporting Person: IC Schedule 13G Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 12 CUSIP No. \_\_\_\_579780206 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: 237,800 Beneficially 6. Shared Voting Power: 7,149 Owned by 7. Sole Dispositive Power: 237,800 Each Reporting Person With 8. Shared Dispositive Power: 7,149 9. Aggregate Amount Beneficially Owned by each Reporting Person: 244,949

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

| 11. Percent of Class Represented by Amount in Ro   | 9: 0.20 %                |
|--|--------------------------|
| 12. Type of Reporting Person: IC   |                          |
| Schedule 13G   | Page of Pages 4 12       |
| CUSIP No579780206  |                          |
| 1. Name of Reporting Person and I.R.S. Identifi<br>State Farm Fire and Casualty Company 37-053   |                          |
| 2. Check the appropriate box if a Member of a G (a) (b)X   | Group                    |
| 3. SEC USE ONLY:   |                          |
| 4. Citizenship or Place of Organization: Illino  | )is                      |
| Number of 5. Sole Voting Power: 0 Shares   |                          |
| Beneficially 6. Shared Voting Power: 4,178 Owned by  |                          |
| Each 7. Sole Dispositive Power: 0 Reporting  |                          |
| Person With 8. Shared Dispositive Power: 4,178   | 3                        |
| 9. Aggregate Amount Beneficially Owned by each  10. Check Box if the Aggregate Amount in Row 9 e  11. Percent of Class Represented by Amount in Ro | excludes Certain Shares: |
| 12. Type of Reporting Person: IC Schedule 13G  | Page of Pages 12         |
| CUSIP No579780206  |                          |
| 1. Name of Reporting Person and I.R.S. Identifi State Farm Investment Management Corp.   | .cation No.:             |
| 2. Check the appropriate box if a Member of a G (a) (b)X_  | Froup                    |
| 3. SEC USE ONLY:   | <del></del>              |
| 4. Citizenship or Place of Organization: Delawa  | <del></del>              |
| Number of 5. Sole Voting Power: 428,600  |                          |
| Sharos   |                          |
| Shares  Beneficially 6. Shared Voting Power: 3,697   |                          |
| Beneficially 6. Shared Voting Power: 3,697 Owned by Each 7. Sole Dispositive Power: 428,600  |                          |
| Beneficially 6. Shared Voting Power: 3,697 Owned by  |                          |

| 10.  | Check Box if the Aggregate Amount in Row 9 exc  | cludes Certain Shares:      |
|------|---|-----------------------------|
| 11.  | Percent of Class Represented by Amount in Row   | 9: 0.36 %                   |
| 12.  | Type of Reporting Person: IA  | _                           |
| Sch  | edule 13G   | Page of Pages               |
| CUSI | P No579780206   | _                           |
| 1.   | Name of Reporting Person and I.R.S. Identifications 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: Illinoi:  | <del>-</del><br>S           |
|      | ber of 5. Sole Voting Power: 3,232,000  | _                           |
| Ben  | res eficially 6. Shared Voting Power: 4,608   |                             |
| Eac  | *   | 0                           |
| _    | son With 8. Shared Dispositive Power: 4,608   |                             |
| 9.   | Aggregate Amount Beneficially Owned by each Re  | eporting Person: 3,236,608  |
| 10.  | Check Box if the Aggregate Amount in Row 9 ex   | -<br>cludes Certain Shares: |
| 11.  | Percent of Class Represented by Amount in Row   | 9: 2.67 %                   |
| 12.  | Type of Reporting Person: EP  | _                           |
| Sch  | edule 13G   | Page of Pages 7             |
| CUSI | P No579780206   |                             |
| 1.   | Name of Reporting Person and I.R.S. Identificates State Farm Insurance Companies Savings and The Employees 37-6091823 |                             |
| 2.   | Check the appropriate box if a Member of a Gro(a)(b)X   | –<br>oup                    |
| 3.   | SEC USE ONLY:   | _                           |
| 4.   | Citizenship or Place of Organization: Illinois  | <del>-</del><br>S           |
|      | ber of 5. Sole Voting Power: 649,000 res  | _                           |
| Ben  | eficially 6. Shared Voting Power: 0 ed by   |                             |
| Eac  | -   |                             |

| Pers | son With 8. Shar | red Dispositive Power: 0                          |              |
|------|------------------|---|--------------|
| 9.   | Aggregate Amount | Beneficially Owned by each Reporting Person: 649, | 000          |
| 10.  | Check Box if the | Aggregate Amount in Row 9 excludes Certain Shares | 3 <b>:</b> _ |

12. Type of Reporting Person: EP

Number of 5. Sole Voting Power: 0

12. Type of Reporting Person: EP

Beneficially 6. Shared Voting Power: 7,942

7. Sole Dispositive Power: 0

18 LOVETON CIRCLE PO BOX 6000

SPARKS, MD 21152-6000

Schedule 13G

CUSIP No. \_\_\_\_579780206

(a) \_\_\_\_ (b) \_\_X\_\_

3. SEC USE ONLY:

Owned by

Reporting

Schedule 13G

Each

11. Percent of Class Represented by Amount in Row 9: 0.54 %

1. Name of Reporting Person and I.R.S. Identification No.:

State Farm Mutual Fund Trust 37-1400576 2. Check the appropriate box if a Member of a Group 4. Citizenship or Place of Organization: Illinois Person With 8. Shared Dispositive Power: 7,942 9. Aggregate Amount Beneficially Owned by each Reporting Person: 7,942 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 % Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 12 Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 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

9 excludes Certain Shares: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 12

| Item | 2(c)  | . C               | itizens                                 | ship: ( | Jnited     | l State        | es            |        |             |                |              |             |              |       |         |
|------|-------|-------------------|---|---------|------------|----------------|---------------|--------|-------------|----------------|--------------|-------------|--------------|-------|---------|
| Item | 2 (d) | and               | (e).                                    | Title   | of Cl      | ass of         | f Sec         | uriti  | es a        | nd Cu          | sip          | Numk        | oer:         | See   | above.  |
| Item | 3.    | This              | Schedu                                  | ıle is  | being      | filed          | d, in         | acco   | rdan        | ce wi          | th 2         | 40.1        | 13d-         | 1 (b) |         |
|      |       | See 1             | Exhibit                                 | A att   | ached      | l.             |               |        |             |                |              |             |              |       |         |
| Item | 4(a)  | . Aı              | mount E                                 | Benefic | cially     | owned          | d: 9,         | 494,23 | 37 s        | hares          |              |             |              |       |         |
| Item | 4 (b) | . P               | ercent                                  | of Cla  | ass: 7<br> | '.84 pe        | ercen         | t pur  | suan        | t to           | Rule         | 130         | d-3 (        | d) (1 | ).      |
| Item | 4 (c) | . N               | umber o                                 | of shar | res as     | to wh          | nich          | such p | pers        | on ha          | s:           |             |              |       |         |
|      |       | (i.               | ) Sole<br>i) Shar<br>ii) Sol<br>v) Shar | red pov | wer to     | vote<br>dispos | or t<br>se or | o dire | ect<br>irec | the v<br>t dis | ote:<br>posi | 58,<br>tion | ,837<br>n of | :9,4  |         |
| Item | 5.    | Owne:             | rship o                                 | of Five | e Perc     | ent or         | r les         | s of a | a Cl        | ass:           | Not .        | App :       | lical        | ble.  |         |
| Item | 6.    | Owne:             | rship o                                 | of More | e than     | ı Five         | Perc          | ent o  | n Be        | half           | of A         | .notl       | ner i        | Pers  | on: N/A |
| Item | 7.    | Iden <sup>-</sup> | tificat                                 | cion ar | nd Cla     | ssific         | catio         | n of t | the         | Subsi          | diar         | y Wł        | nich         | Acq   | uired   |
|      |       | the               | Securit                                 | y beir  | ng Rep     | orted          | on b          | y the  | Par         | ent H          | oldi         | ng (        | Comp         | any:  | N/A     |
| Item | 8.    | Iden <sup>-</sup> | tificat                                 | cion ar | nd Cla     | ssific         | catio         | n of 1 | Memb        | ers o          | f th         | e Gi        | roup         | :     |         |
|      |       | See 1             | Exhibit                                 | A att   | ached      | l.             |               |        |             | -              |              |             |              |       |         |
| Item | 9.    | Noti              | ce of I                                 | Dissolu | ution      | of Gro         | oup:          | N/A    |             |                |              |             |              |       |         |
| Sche | edule | 13G               |   |         |            |                |               |        |             | Page           |              | 0           |              | 12    | Pages   |
|      |       |                   | ertific<br>e and b                      |         | _          | _              | _             |        |             | _              |              |             |              | e be  | st of   |

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.

02/08/2018 STATE FARM MUTUAL AUTOMOBILE

Date

INSURANCE COMPANY

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 THREFT 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                                  | Page           | of             | _ Pages     |
|---|----------------|----------------|-------------|
|   | 12             | 2 12           |             |
|   |                |                |             |
|   |                | Number         | of          |
|   |                | Shares l       |             |
|   | Classification |                |             |
| Name  | Under Item 3   | of Sa          | le          |
|   |                |                | <del></del> |
| State Farm Mutual Automobile Insurance Compar | ny IC          | 4,919,263      | shares      |
| State Farm Life Insurance Company             | IC             | 244,949        |             |
| State Farm Fire and Casualty Company          | IC             | 4,178          | shares      |
| State Farm Investment Management Corp.        | IA             | 0              | shares      |
| State Farm Associates Funds Trust - State     |                |                |             |
| Farm Growth Fund                              | IV             | 428,600        | shares      |
| State Farm Associates Funds Trust - State     |                |                |             |
| Farm Balanced Fund                            | IV             | 0              | shares      |
| State Farm Variable Product Trust             | IV             | 3 <b>,</b> 697 | shares      |
| State Farm International Life Insurance       |                |                |             |
| Company Ltd.                                  | IV             | 0              | shares      |
| State Farm Insurance Companies Employee       |                |                |             |
| Retirement Trust                              | EP             | 3,236,608      | shares      |
| State Farm Insurance Companies Savings and    |                |                |             |
| Thrift Plan for U.S. Employees                | EP             | 440 400        | . 1         |
| Equities Account                              |                | 448,400        |             |
| Balanced Account State Farm Mutual Fund Trust | Т77            | 200,600        |             |
| State raim Mutual rung irust                  | IV             | 7 <b>,</b> 942 | snares      |
|   |                | 9,494,237      | shares      |