

HELMERICH & PAYNE, INC. Filed by STATE FARM MUTUAL AUTOMOBILE INSURANCE CO

FORM SC 13G

(Statement of Ownership)

Filed 01/29/20

Address 1437 S. BOULDER AVE. SUITE 1400

TULSA, OK, 74119

Telephone 918-742-5531

CIK 0000046765

Symbol HP

SIC Code 1381 - Drilling Oil and Gas Wells

Industry Oil & Gas Drilling

Sector Energy

Fiscal Year 09/30



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1	10		

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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.)*	

35

HELMERICH & PAYNE, INC.

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

423452101 (Cusip Number)

12/31/2019

(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 information required	in the rer	nainder 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 subje	ct to the	liabilities of th	at section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).
Schedule 13G Page	of	Pages	

CUSIP No. 423452101 Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Automobile Insurance Company 37-0533100 Check the appropriate box if a Member of a Group (a) (b) 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinois 5. Sole Voting Power: 8,257,200 Number of Shares Beneficially 6. Shared Voting Power: 29,075 Owned by 7. Sole Dispositive Power: 8,257,200 Person With 8. Shared Dispositive Power: 29,075 9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,286,275 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: 11. Percent of Class Represented by Amount in Row 9: 7.56 % 12. Type of Reporting Person: IC Page ____ of ___ Pages Schedule 13G CUSIP No. ___423452101 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

^{*}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.

	(a)X	
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization: Illinois	
	ber of 5. Sole Voting Power:	
Ben	res eficially 6. Shared Voting Power: 6,520	
Eac	· · · · · · · · · · · · · · · · · · ·	
	orting son With 8. Shared Dispositive Power: 6,520	
9.	Aggregate Amount Beneficially Owned by each Re	porting Person: 6,520
10.	Check Box if the Aggregate Amount in Row 9 exc	ludes Certain Shares:
11.	Percent of Class Represented by Amount in Row	9: 0.01 %
12.		
Sch	edule 13G	Page of Pages
CUSI	P No423452101	
1.	Name of Reporting Person and I.R.S. Identifica	tion No.:
	State Farm Life & Accident Assurance Co. 37-0	
2.	Check the appropriate box if a Member of a Gro	up
	(b) <u>X</u>	
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization: Illinois	
	ber of 5. Sole Voting Power:	
Ben	res eficially 6. Shared Voting Power: 258	
Own Eac	ed by h 7. Sole Dispositive Power:	
	orting son With 8. Shared Dispositive Power: 258	
9.	Aggregate Amount Beneficially Owned by each Re	porting Person: 258
	Check Box if the Aggregate Amount in Row 9 exc	-
	Percent of Class Represented by Amount in Row	
	Type of Reporting Person: IC	
		Page of Pages
CIIST	P No. 423452101	0 10
1.	Name of Reporting Person and I.R.S. Identifica	tion No.
Τ.	State Farm Fire and Casualty Company 37-05330	
2.	11 1	up
	(a) (b)X	
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization: Illinois	
Num	ber of 5. Sole Voting Power:	
	res eficially 6. Shared Voting Power: 5,917	
	ed by	
Rep	orting son With 8. Shared Dispositive Power: 5,917	
	Aggregate Amount Beneficially Owned by each Re	norting Porson: 5 917
	Check Box if the Aggregate Amount in Row 9 exc	-
	Percent of Class Represented by Amount in Row	⊅. U.U1
12. Sch		Page of Pages
CUSI	P No423452101	
1.	Name of Reporting Person and I.R.S. Identifica State Farm Insurance Companies Employee Retire	

2. Check the appropriate box if a Member of a Group

	(a)								
2	(b)		ONLY:						
							-		
						ion: Illino	1S ——		
Shar	es			Sole Votir					
Bene Owne			у 6. S	Shared Vot	ing Power:	4,991			
Each	n ortir	na	7. 8	Sole Dispo	sitive Pov	er:		_	
			8. 8	hared Dis	positive I	Power: 4,991		_	
9.	Aggr	rega	te Amou	ınt Benefi	cially Owr	ned by each	Reporting Perso	n: 4,991	
10.	Chec	ck B	ox if t	he Aggreg	ate Amount	in Row 9 e	 xcludes Certain	Shares:	
11.	Pero	cent	of Cla	iss Repres	ented by A	Amount in Ro	w 9: 0.00 %		
				ting Perso	n: IC				
Sche	edule	13	G				Page of	Pa	ges
Item	1(a)	an	d (b).	Name and	Address o	of Issuer &	Principal Execu	ıtive Offi	.ces
	(-,		(- , -		& PAYNE,				
				1437 SOUT	H BOULDER				
				SUITE 140 TULSA, OF	74119-36	523			
Item	2(a)		Name of	Person E	iling: Sta	ate Farm Mut	ual Automobile	Insurance	:
						mpany and re d Exhibit A	lated entities;	See Ite	m 8
Item	2 (b)		Address	s of Princ	ipal Busir	ness Office:	One State Farm	ı Plaza	
							Bloomington, I		
T+om	2 (a)		Citizor	ehin. Uni	ted States		Discoming con,	2 01/10	
ı cem	2(0)	•			ted States	•			
Item	2 (d)	an	d (e).	Title of	Class of	Securities	and Cusip Numbe	r: See ab	ove
Item	3.	Thi	s Sched	dule is be	ing filed,	in accorda	nce with 240.13	d-1(b).	
		See	Exhibi	it A attac	hed.				
Item	4(a)		Amount	Beneficia	lly Owned:	8,303,961	shares		
Item	4 (b)	•	Percent	of Class	: 7.58 per	cent pursua	nt to Rule 13d-	3(d)(1).	
Item	4 (c)					ch such per			
		(ii) Sha iii) So	ared power ole Power	to vote o	or to direct or to dire	e vote:8,257,20 the vote: 46,7 ct disposition ect disposition	61 of:8,257,	
Item	5.	Own	ership	of Five F	ercent or	less of a C	lass: Not Appli	cable.	
Item	6.	Own	ership	of More t	han Five I	Percent on B	ehalf of Anothe	r Person:	N/
Item	7.	Ide	ntifica	ation and	Classifica	ation of the	Subsidiary Whi	ch Acquir	ed
		the	Securi	ty being	Reported o	on by the Pa	rent Holding Co	mpany: N/	Ά
Item	8.	Ide	ntifica	ation and	Classifica	ation of Mem	bers of the Gro	up:	
		<u></u>	Evhihi	it A attac	hed				

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

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

Schedule 13G

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.

01/30/2020 STATE FARM MUTUAL AUTOMOBILE

Date INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM LIFE AND ACCIDENT ASSURANCE COMPANY

STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST

STATE FARM FIRE AND CASUALTY

STATE FARM INVESTMENT MANAGEMENT

STATE FARM ASSOCIATES FUNDS
TRUST - STATE FARM GROWTH FUND

STATE FARM ASSOCIATES FUNDS
TRUST - STATE FARM BALANCED
FUND

/s/ Paul N. Eckley

Paul N. Eckley, Fiduciary of each of the above Schedule 13G /s/ Paul N. Eckley

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 Invest Advisors Act of 1940. SFIMC serves as transfer agent and investment advisor to State Farm Associates' Fund Trust, a Delaware Business Trust that is a registered investment company under the Investment Company Act of 1940. Auto Company also sponsors a qualified retirement plan for the benefit of its employees, which plan is named the State Farm Insurance Companies Employee Retirement Trust.

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 the filing of 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".

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Name	Classification Under Item 3		
State Farm Mutual Automobile Insurance Compan	y IC	8,286,275	shares
State Farm Life Insurance Company	IC	6,520	shares
State Farm Life and Accident Assurance Compan	y IV	258	shares
State Farm Fire and Casualty Company	IC	5,917	shares
State Farm Investment Management Corp.	IA	0	shares
State Farm Associates Funds Trust - State			
Farm Growth Fund	IV	0	shares
State Farm Associates Funds Trust - State			
Farm Balanced Fund	IV	0	shares
State Farm Insurance Companies Employee			
Retirement Trust	EP	4,991	shares
		8,303,961	shares

Shares based