### ILLINOIS TOOL WORKS INC Form SC 13G February 04, 2015

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

	ILLINOIS TOOL WORKS INC.			
-	(Name of Issuer)			
	COMMON SHARES			
	(Title of Class of Securities)			
	452308109			
-	(Cusip Number) 12/31/2014			
(D	ate 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 \_\_\_\_ 11 Schedule 13G CUSIP No. \_\_\_\_452308109 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: 16,563,200 Shares Beneficially 6. Shared Voting Power: 90,545 Owned by 7. Sole Dispositive Power: 16,563,200 Each Reporting Person With 8. Shared Dispositive Power: 90,545 9. Aggregate Amount Beneficially Owned by each Reporting Person: 16,653,745 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_ 11. Percent of Class Represented by Amount in Row 9: 4.34 % 12. Type of Reporting Person: IC Schedule 13G Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 11 CUSIP No. \_\_\_452308109 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: 348,600 Beneficially 6. Shared Voting Power: 20,509 Owned by 7. Sole Dispositive Power: 348,600 Each Reporting Person With 8. Shared Dispositive Power: 20,509 9. Aggregate Amount Beneficially Owned by each Reporting Person: 369,109

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

11. Percent of Class Represented by Amount in Ro	ow 9: 0.10 %
12. Type of Reporting Person: IC	
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CUSIP No452308109	
1. Name of Reporting Person and I.R.S. Identification State Farm Fire and Casualty Company 37-0533	
2. Check the appropriate box if a Member of a (a) (b)X	Group
3. SEC USE ONLY:	<del></del>
4. Citizenship or Place of Organization: Illino	 pis
Number of 5. Sole Voting Power: 2,600,000 Shares	<del></del>
Beneficially 6. Shared Voting Power: 11,708 Owned by	
Each 7. Sole Dispositive Power: 2,600,0	000
Person With 8. Shared Dispositive Power: 11,70	08
9. Aggregate Amount Beneficially Owned by each	Reporting Person: 2,611,708
10. Check Box if the Aggregate Amount in Row 9 $$	excludes Certain Shares:
11. Percent of Class Represented by Amount in Ro	9: 0.68 %
12. Type of Reporting Person: IC	
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Schedule 13G  CUSIP No452308109	
	5 11
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identification	5 11 ication No.:
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp.  2. Check the appropriate box if a Member of a (a)	5 11 ication No.:
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp.  2. Check the appropriate box if a Member of a Company (a) (b)X	5 11 ication No.: Group
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identify State Farm Investment Management Corp.  2. Check the appropriate box if a Member of a Corporate (a)	5 11 ication No.: Group
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identify State Farm Investment Management Corp.  2. Check the appropriate box if a Member of a Corporate (a)	5 11  ication No.:  Group
CUSIP No452308109  1. Name of Reporting Person and I.R.S. Identify State Farm Investment Management Corp.  2. Check the appropriate box if a Member of a Corporate (a)	5 11  ication No.:  Group  are

9. Aggregate Amount Beneficially Owned by each Reporting Person: 815,229

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: 0.21 %
12. Type of I	Reporting Person: IA	=
Schedule 13G		Page of Pages
CUSIP No	452308109	
	Reporting Person and I.R.S. Identificarm Insurance Companies Employee Retire	
2. Check the (a)X		- pup
3. SEC USE (	YLMC:	-
4. Citizensl	nip or Place of Organization: Illinois	<del>-</del> 3
Number of Shares	5. Sole Voting Power: 1,518,100	-
Beneficially Owned by	6. Shared Voting Power: 12,587	<del></del>
Each Reporting	7. Sole Dispositive Power: 1,518,100	)
Person With	8. Shared Dispositive Power: 12,587	<del></del>
9. Aggregate	e Amount Beneficially Owned by each Re	eporting Person: 1,530,687
10. Check Box	x if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11. Percent	of Class Represented by Amount in Row	9: 0.40 %
12. Type of I	Reporting Person: EP	-
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CUSIP No	452308109	
State Fa	Reporting Person and I.R.S. Identificarm Insurance Companies Savings and Theoyees 37-6091823	
2. Check the (a) (b)X		- pup
3. SEC USE (	ONLY:	_
4. Citizensh	hip or Place of Organization: Illinois	- 3
Number of	5. Sole Voting Power: 1,341,700	-
Shares Beneficially	6. Shared Voting Power: 0	
Owned by Each	7. Sole Dispositive Power: 1,341,700	)

_	orting son Wi		Shared Dispos	itive Power: 0
9.	Aggre	gate Amo	ount Beneficia	lly Owned by each Reporting Person: 1,341,700
10.	Check	Box if	the Aggregate	Amount in Row 9 excludes Certain Shares:
11.	Perce	nt of Cl	ass Represent	ed by Amount in Row 9: 0.35 %
12.	Туре	of Repor	rting Person:	EP
Sche	edule	13G		Page of Pages
Item	1(a)	and (b).	Name and Ad	dress of Issuer & Principal Executive Offices:
			ILLINOIS TOO: 3600 WEST LA: GLENVIEW, IL:	
Item	2(a).	Name c	of Person Fili:	ng: State Farm Mutual Automobile Insurance
				Company and related entities; See Item 8 and Exhibit A
Item	2(b).	Addres	ss of Principa	l Business Office: One State Farm Plaza
				Bloomington, IL 61710
Item	2(c).	Citize	enship: United	States
Item	2 (d)	and (e).	Title of Cl	ass of Securities and Cusip Number: See above.
Item	3. T	his Sche	dule is being	filed, in accordance with 240.13d-1(b).
	S	ee Exhib	oit A attached	
Item	4(a).	Amount	Beneficially	Owned: 23,322,178 shares
Item	4(b).	Percen	nt of Class: 6	.08 percent pursuant to Rule 13d-3(d)(1).
Item	4(c).	Number	of shares as	to which such person has:
		(ii) Sh (iii) S	nared power to Sole Power to	te or to direct the vote: 23,154,700 vote or to direct the vote: 167,478 dispose or to direct disposition of: 23,154,700 dispose or to direct disposition of: 167,478
Item	5. O	wnership	of Five Perc	ent or less of a Class: Not Applicable.
Item	6. O	wnership	of More than	Five Percent on Behalf of Another Person: N/A
Item	7. I	dentific	cation and Cla	ssification 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 Grou	p: N/A			
Schedule	e 13G	Page of Pages 9 11			
my know acquire for the influer	O. Certification. By signing wledge and belief, the securit ed in the ordinary course of be purpose of and do not have the noing 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,			
	01/23/2015	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			
0.5.	EMP LUI EES	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
	Classificatio	n	Number Shares b	pased
Name	Under Item 3		of Sai	le
<del></del>		_		
State Farm Mutual Automobile Insurance Compa	ny IC	16,	653,745	shares
State Farm Life Insurance Company	IC		369,109	shares
State Farm Fire and Casualty Company	IC	2,	611,708	shares
State Farm Investment Management Corp.	IA		32,129	shares
State Farm Associates Funds Trust - State				
Farm Growth Fund	IV		652,500	shares

State Farm Associates Funds Trust - State Farm Balanced Fund	TV	130,600 shares
State Farm International Life Insurance	Τ.	130,000 Bhales
Company Ltd.	TV	0 shares
State Farm Insurance Companies Employee	± ν	o bhareb
Retirement Trust	EP	1,530,687 shares
State Farm Insurance Companies Savings and		1,000,007 Shares
Thrift Plan for U.S. Employees	EP	
Equities Account		944,600 shares
Balanced Account		397,100 shares
		•
State Farm Mutual Fund Trust	IV	0 shares
		23,322,178 shares