Beneficially 6. Shared Voting Power: 32,378

Shares

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. ____)*

MCCORMICK & COMPANY, INCORPORATED
(Name of Issuer)
COMMON SHARES
(Title of Class of Securities)
579780206
(Cusip Number) 12/31/2011
(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).
Schedule 13G Page of Pages 2 11
CUSIP No579780206
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

Eac Rep	ed by h orting son With	7.							4,888, : 32,3					_		
9.	Aggregate	e Am	ount	Bene	ficia	ally	Owne	ed by	/ each	n Re	porti	ing F	Perso	n: 4	, 92	0,378
10.	Check Box	k if	the	Aggr	egat	e Am	ount	in F	Row 9	exc	ludes	s Cer	rtain	Sha	res	:
11.	Percent o	of C	lass	Repr	esen	ted	by An	nount	in F	Row	9: 4.	.08	%			
12.	Type of F	Repo	rtin	g Per	son:	IC					•					
Sch	edule 13G										Page	3	of			Pages
CUSI	P No5	5797	8020	6		_	_									
1.	Name of F State Far										tion	No.	:			
2.	Check the (a)(b)X_	_ `	prop	riate	box	if	a Men	nber	of a	Gro	up					
3.	SEC USE C	DNLY	' :													
4.	Citizensh	nip	or P	lace	of O	rgan	izati	ion:	Illir	nois	•					
	ber of	5.	Sol	e Vot	ing I	Powe	r: 23	37,80	90		•					
	eficially	6.	Sha	red V	otin	g Po	wer:	7,27	72					_		
Eac		7.	Sol	e Dis	posi	tive	Powe	er: 2	237,80	00				_		
•	orting son With	8.	Sha	red D	ispo	siti	ve Po	ower:	7,27	72				_		
9.	Aggregate	e Am	ount	Bene	fici	ally	Owne	ed by	/ each	n Re	porti	ing F	Perso	n: 2	45,	072
10.	Check Box	k if	the	Aggr	egat	e Am	ount	in F	Row 9	exc	ludes	s Cer	rtain	Sha	res	:
11.	Percent o	of C	lass	Repr	esen	ted	by An	nount	in F	Row	9: 0.	20	%			
12.	Type of F	Repo	rtin	g Per	son:	IC					-					
Sch	edule 13G										Page	4	of			Pages
CUSI	P No5	5797	8020	6		_	_									
1.	Name of F State Far											No.	:			
2.	Check the (a) (b)X_		prop	riate	box	if	a Men	nber	of a	Gro	up					
3.	SEC USE C	ONLY	' :													
4.	Citizensh	nip	or P	lace	of O	rgan	izati	Lon:	Illir	nois						
Num Sha	ber of	5.	Sol	e Vot	ing I	Powe	r: 0									
Ben	eficially ed by	6.	Sha	red V	otin	g Po	wer:	4,37	77					_		
Eac	h	7.	Sol	e Dis	posi	tive	Powe	er: 0	9					_		
•	orting son With	8.	Sha	red D	ispo	siti	ve Po	ower	: 4,37	77				_		
9.	Aggregate	e Am	ount	Bene	ficia	ally	Owne	ed by	each	n Re	porti	ing F	Perso	n: 4	, 37	7
10.	Check Box	k if	the	Aggr	egat	e Am	ount	in F	Row 9	exc	ludes	s Cer	rtain	Sha	res	:
11.	Percent o	of C	lass	Repr	esen	ted	by An	nount	in F	Row	9: 0.	.00	%			
12. Sch	Type of F edule 13G	Repo	rtin	g Per	son:	IC					Page	5	of			Pages

CUSIP No. ___579780206

1.	Name of Reporting Person and I.R.S. Identification No.: State Farm Investment Management Corp.
2.	Check the appropriate box if a Member of a Group
	(a)
	(b)X
3.	SEC USE ONLY:
4.	Citizenship or Place of Organization: Delaware
Sha	ber of 5. Sole Voting Power: 428,600 res
	reficially 6. Shared Voting Power: 5,320
Eac	h 7. Sole Dispositive Power: 428,600
	son With 8. Shared Dispositive Power: 5,320
9.	Aggregate Amount Beneficially Owned by each Reporting Person: 433,920
10.	Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amount in Row 9: 0.36 %
12.	Type of Reporting Person: IA
Sch	redule 13G Page of Pages 11
CUSI	P No579780206
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
	ber of 5. Sole Voting Power: 3,232,000
Ben	eficially 6. Shared Voting Power: 4,308
0wn Eac	led by Th 7. Sole Dispositive Power: 3,232,000
Rep	orting
Per	son With 8. Shared Dispositive Power: 4,308
9.	Aggregate Amount Beneficially Owned by each Reporting Person: 3,236,308
10.	Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amount in Row 9: 2.69 %
12.	Type of Reporting Person: EP
Sch	redule 13G Page of Pages 7 11
CUSI	P No579780206
1.	Name of Reporting Person and I.R.S. Identification No.: State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees 37-6091823
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
	ber of 5. Sole Voting Power: 649,000
	reseficially 6. Shared Voting Power: 0

Each Repo	whed by fach 7. Sole Dispositive Power: 649,000 reporting rerson With 8. Shared Dispositive Power: 0																												
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10.																													
11.																													
12.	<u> </u>																												
Sche	edule	: 13G																Pa	ıge	-	8		of	-	11	 L	Pag	es	
Item	Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices:																												
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Item	2(a)	. Na	ame d	of	Per	son	Fi.	ling	:	S	tat	е	Fa	rm	М	utı	ua	ıl	Au	to	mo	bi	le	Ir	ารเ	ıran	ice		
		_									omp nd						la	ιte	d	en	ti	ti	es;	;	Se	ee I	tem	8	
Item	2(b)	. A	ddres	SS	of	Pri	nci	pal	Bu	JS:	ine	ss	0	ff	ic	e:	0	ne	S	ta	te	F	arm	n F	Pla	aza			
																_	В	310	om	in	gt	on	, I	L	61	L710)		
Item	2(c)	. C	itize	ens	hip	: U	nit	ed S	ta	atα	es																		
Item 2(d) and (e). Title of Class of Securities and Cusip Number: See above.																													
Item	Item 3. This Schedule is being filed, in accordance with 240.13d-1(b).																												
		See E	Exhib	bit	Α	att	ach	ed.																					
Item	4(a)	. Ar	nount	t B	ene	fic	ial.	ly 0	wn	ie	d: _	9,	48	9,	05	5 9	sh	ıar	es										
Item	4(b)	. Pe	ercer	nt	of	Cla	ss:	7.8	7	р	ero	en	t	pu	rs	uar	nt	: t	0	Ru	le	1	3d-	3((d)	(1)	•		
Item	4(c)	. Nu	umber	r o	f s	har	es i	as t	0	wl	hic	h	su	ch	p	ers	so	n	ha	s:									
		(i:) So] i) Sh ii) S v) Sh	har Sol	ed .e P	pow owe	er r t	to v o di	ot sp	te oo:	or se	t or	o t	di o	re di	ct red	t ct	:he	e v lis	ot	e: si	5 ti	3,6 on	555 of	5 f:				
Item	5.	Owner	rship	ро	f F	ive	Ре	rcen	t	01	r]	.es	s	of	a	C]	la	ıss	s :	No	t	Ар	pli	Lca	ab1	Le.			
Item	6.	Owner	rship	ро	f M	lore	th	an F	iv	/e	Pe	rc	en	t	on	Вє	eh	nal	.f	of	A	no	the	er	Pe	erso	n :	N/A	
Item	em 7. Identification and Classification of the Subsidiary Which Acquired																												
		the S	Secur	rit	y b	ein	g R	epor	te	€d	or	b	у	th	e I	Par	re	ent	: Н	ol	di	ng	Co	omp	ar	ıy:	N/A	_	
Item	8.	Ident	tific	cat	ion	an	d C	lass	if	fic	cat	io	n	of	M	emb	be	ers	6 0	f	th	е	Gro	oup):				
	See Exhibit A attached.																												
Item	9.	Notio	ce of	f D	iss	olu	tio	n of	G	3r	oup	:	N	I/A															
Sche	edule	13G										-						Pa	ıge	-	9		of	-	11	 L	Pag	es	

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.

Date

Date

STATE FARM MUTUAL AUTOMOBILE

INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY
COMPANY

STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST

STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR U.S. EMPLOYEES 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 MUTUAL FUND TRUST

/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 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
Name 	Classification Under Item 3	
State Farm Mutual Automobile Insurance Compa	ny IC	4,920,378 shares
State Farm Life Insurance Company	IC	245,072 shares
State Farm Fire and Casualty Company	IC	4,377 shares
State Farm Investment Management Corp.	IA	5,320 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 International Life Insurance	T) (0
Company Ltd.	IV	0 shares
State Farm Insurance Companies Employee	ED	0 000 000 ohomo
Retirement Trust	EP	3,236,308 shares
State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees	EP	
Equities Account	EF	448,400 shares
Balanced Account		200,600 shares
State Farm Mutual Fund Trust	IV	0 shares
ocaco Farm Hacaar Fana Franc	- · · · · · · · · · · · · · · · · · · ·	
		9,489,055 shares
		-,,