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) 12/31/2015

(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 _____ Page

Page _____ of ____ Pages

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:

Shares

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 4,888,000

Beneficially 6. Shared Voting Power: 29,305

Each 7. Sole Dispositive Power Reporting Person With 8. Shared Dispositive Pow	
9. Aggregate Amount Beneficially Owned	by each Reporting Person: 4,917,305
10. Check Box if the Aggregate Amount i	n Row 9 excludes Certain Shares:
11. Percent of Class Represented by Amo	unt in Row 9: 4.26 %
12. Type of Reporting Person: IC	
Schedule 13G	Page of Pages 3 12
CUSIP No579780206	
 Name of Reporting Person and I.R.S. State Farm Life Insurance Company 3 	
<pre>2. Check the appropriate box if a Memb (a) (b)X</pre>	er of a Group
3. SEC USE ONLY:	
4. Citizenship or Place of Organizatio	n: Illinois
Number of 5. Sole Voting Power: 237 Shares	,800
Beneficially 6. Shared Voting Power: 6	, 620
Owned by Each 7. Sole Dispositive Power	: 237,800
Reporting Person With 8. Shared Dispositive Pow	er: 6,620
9. Aggregate Amount Beneficially Owned	by each Reporting Person: 244,420
10. Check Box if the Aggregate Amount i	n Row 9 excludes Certain Shares:
11. Percent of Class Represented by Amo	unt in Row 9: 0.21 %
12. Type of Reporting Person: IC	
Schedule 13G	
	Page of Pages 12
CUSIP No579780206	Page 01 Pages 4 12
	Identification No.:
CUSIP No579780206 1. Name of Reporting Person and I.R.S.	Identification No.: ny 37-0533080
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Memb	Identification No.: ny 37-0533080
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Memb (a) (b)X	Identification No.: ny 37-0533080 er of a Group
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Memb (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization Number of 5. Sole Voting Power: 0	Identification No.: ny 37-0533080 er of a Group
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Memb (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization Number of 5. Sole Voting Power: 0 Shares Beneficially 6. Shared Voting Power: 3	Identification No.: ny 37-0533080 er of a Group n: Illinois
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a)	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization Number of 5. Sole Voting Power: 0 Shares Beneficially 6. Shared Voting Power: 3	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906 : 0
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a)	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906 : 0 er: 3,906
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a)	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906 : 0 er: 3,906
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a)	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906 : 0 er: 3,906 by each Reporting Person: 3,906 n Row 9 excludes Certain Shares:
CUSIP No579780206 1. Name of Reporting Person and I.R.S. State Farm Fire and Casualty Cjompa 2. Check the appropriate box if a Membre (a)	Identification No.: ny 37-0533080 er of a Group n: Illinois ,906 : 0 er: 3,906 by each Reporting Person: 3,906 n Row 9 excludes Certain Shares:

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
	ber of 5. Sole Voting Power: 428,600
Ben	res eficially 6. Shared Voting Power: 12,506
Eac	
	orting son With 8. Shared Dispositive Power: 12,506
9.	Aggregate Amount Beneficially Owned by each Reporting Person: 441,106
10.	Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amount in Row 9: 0.38 %
12.	Type of Reporting Person: IA
Sch	edule 13G Page of Pages 6 12
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
Num	ber of 5. Sole Voting Power: 3,232,000
	res eficially 6. Shared Voting Power: 4,161
0wn Eac	ed by
	orting son With 8. Shared Dispositive Power: 4,161
9.	Aggregate Amount Beneficially Owned by each Reporting Person: 3,236,161
10.	Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amount in Row 9: 2.81 %
12.	Type of Reporting Person: EP
Sch	edule 13G Page of Pages 7 12
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 res
Ben	eficially 6. Shared Voting Power: 0 ed by

Each 7. Sole Dispositive Power: 649,000 Reporting			
Person With 8. Shared 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:			
11. Percent of Class Represented by Amount in Row 9: 0.56 %			
12. Type of Reporting Person: EP			
Schedule 13G Page of Pages 8 12			
CUSIP No579780206			
 Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Fund Trust 37-1400576 			
<pre>2. Check the appropriate box if a Member of a Group (a) (b)X</pre>			
3. SEC USE ONLY:			
4. Citizenship or Place of Organization: Illinois			
Number of 5. Sole Voting Power: 0 Shares			
Beneficially 6. Shared Voting Power: 71,646			
Owned by Each 7. Sole Dispositive Power: 0			
Reporting Person With 8. Shared Dispositive Power: 71,646			
9. Aggregate Amount Beneficially Owned by each Reporting Person: 71,646			
10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:			
11. Percent of Class Represented by Amount in Row 9: 0.06 %			
11. Percent of Class Represented by Amount in Row 9: 0.06 % 12. Type of Reporting Person: EP Schedule 136 Page 9 12			
12. Type of Reporting Person: EP			
12. Type of Reporting Person: EP Schedule 13G Page of Pages 9 12 Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000			
12. Type of Reporting Person: EP Schedule 13G Page of Pages 9 12 Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152			
12. Type of Reporting Person: EP Schedule 13G Page of Pages 9 12 Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 Item 2(a). Name of Person Filing: State Farm Mutual Automobile Insurance Company and related entities; See Item 8			
12. Type of Reporting Person: EP Schedule 13G Page of Pages 9 12 Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 Item 2(a). Name of Person Filing: State Farm Mutual Automobile Insurance Company and related entities; See Item 8 and Exhibit A			
12. Type of Reporting Person: EP Schedule 13G Page of Pages Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 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			
12. Type of Reporting Person: EP Schedule 136 Page of Pages Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 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			
12. Type of Reporting Person: EP Page of Pages Schedule 13G Page of Pages Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices: MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 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 Item 2(c). Citizenship: United States			
12. Type of Reporting Person: EP Page of Pages 12. Type of Reporting Person: EP Page of Pages 9 of Pages 9 12. Type of Reporting Person: EP Page of Pages 9 of Pages 9 12. Type of Reporting Person: EP Page of Pages 9 of Pages 9 12. Type of Reporting Person: EP Page of Pages MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE PO BOX 6000 SPARKS, MD 21152 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 Item 2(c). Citizenship: United States Item 2(d) and (e). Title of Class of Securities and Cusip Number: See above.			

Item 4(b). Percent of Class: 8.28 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: 9,435,400
(ii) Shared power to vote or to direct the vote: 128,144
(iii) Sole Power to dispose or to direct disposition of:9,435,400
(iv) Shared Power to dispose or to direct disposition of: 128,144

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

Schedule 13G

Page _____ of ____ Pages ____

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.

01/26/2016

STATE FARM INSURANCE COMPANIES

STATE FARM INSURANCE COMPANIES

U.S. EMPLOYEES

SAVINGS AND THRIFT PLAN FOR

EMPLOYEE RETIREMENT TRUST

Date

INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY COMPANY

STATE FARM MUTUAL AUTOMOBILE

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

/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 11 12 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 12	of Pages 2 12
Name	Classification Under Item 3	
State Farm Mutual Automobile Insurance Compar	ny IC	4,917,305 shares
State Farm Life Insurance Company	IC	244,420 shares
State Farm Fire and Casualty Company	IC	3,906 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	12,506 shares
State Farm Insurance Companies Employee		
Retirement Trust	EP	3,236,161 shares
State Farm Insurance Companies Savings and		
Thrift Plan for U.S. Employees	EP	
Equities Account		448,400 shares
Balanced Account		200,600 shares
State Farm Mutual Fund Trust	IV	71,646 shares
		9,563,544 shares