

INTERNATIONAL BUSINESS MACHINES CORP
Form SC 13G/A
February 15, 2017

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT

TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED

PURSUANT TO § 240.13d-2

(Amendment No. 5)*

International Business Machines Corporation

(Name of Issuer)

COMMON STOCK

(Title of Class of Securities)

459200101

(CUSIP Number)

December 31, 2016

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

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 disclosures provided in a prior cover page.

The information required on 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 (the 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.)

CUSIP No. 459200101

13G

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1 NAME OF REPORTING PERSONS

Warren E. Buffett

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States Citizen

5 SOLE VOTING POWER

NUMBER OF

SHARES

9,000

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

81,232,303

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

9,000

8 SHARED DISPOSITIVE POWER

WITH

81,232,303

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

81,241,303

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not Applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

8.5%

12 TYPE OF REPORTING PERSON*

IN

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Berkshire Hathaway Inc.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

81,232,303

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

81,232,303

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

81,232,303

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

8.5%

12 TYPE OF REPORTING PERSON*

HC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

National Indemnity Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

78,894,582

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

78,894,582

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

78,894,582

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

8.3%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Berkshire Hathaway Assurance Corporation

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

822,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

822,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

822,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Columbia Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 1,543,288
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

1,543,288
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

1,543,288
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0.2%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Central States of Omaha Companies, Inc.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 84,480
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

84,480

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

84,480

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

HC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Central States Indemnity Company of Omaha

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

79,200

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

79,200

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

79,200

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

13G

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1 NAME OF REPORTING PERSONS

CSI Life Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 5,280
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

5,280
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

5,280
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

Finial Reinsurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Connecticut

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

353,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

353,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

353,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

National Indemnity Company of the South

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Florida

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

127,600

EACH

7 SOLE DISPOSITIVE POWER

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

127,600

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

127,600

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Boat America Corporation

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Virginia

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 34,000
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

34,000
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

34,000
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

HC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

GEICO Marine Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Maryland

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

34,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

34,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

34,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

GEICO Advantage Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

58,700

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

58,700

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

58,700

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

GEICO Casualty Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Maryland

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

298,300

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

298,300

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

298,300

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

GEICO Choice Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 58,900
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

58,900
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

58,900
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Berkshire Hathaway Specialty Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 3,171,337
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

3,171,337

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

3,171,337

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.3%
TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

GEICO Secure Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 58,900
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

58,900
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

58,900
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

National Fire & Marine Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

233,100

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

233,100

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

233,100

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

Redwood Fire & Casualty Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

610,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

610,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

610,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.1%
TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

National Indemnity of MidAmerica Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Iowa

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

98,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

98,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

98,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

Oak River Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

60,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

60,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

60,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

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1 NAME OF REPORTING PERSONS

AmGUARD Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Pennsylvania

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 190,000
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

190,000
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

190,000
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%
TYPE OF REPORTING PERSON*

IC, CO

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1 NAME OF REPORTING PERSONS

EastGUARD Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Pennsylvania

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

75,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

75,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

75,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

NorGUARD Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Pennsylvania

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 200,000
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

200,000
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

200,000
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

WestGUARD Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Pennsylvania

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE
6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 30,000
EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE
8 SHARED DISPOSITIVE POWER

WITH

30,000
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

30,000
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

CUSIP No. 459200101

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1 NAME OF REPORTING PERSONS

Berkshire Hathaway Homestate Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

278,000

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

278,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

278,000

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

Berkshire Hathaway Direct Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

31,700

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

31,700

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

31,700

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%
TYPE OF REPORTING PERSON*

IC, CO

1 NAME OF REPORTING PERSONS

National Liability & Fire Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Connecticut

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

198,853

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

198,853

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

198,853

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

Less than 0.1%

12 TYPE OF REPORTING PERSON*

IC, CO

SCHEDULE 13G**Item 1.****(a) Name of Issuer:**

International Business Machines Corporation

(b) Address of Issuer s Principal Executive Offices:

1 New Orchard Road, Armonk, NY 10504

Item 2(a). Name of Person Filing:**Item 2(b). Address of Principal Business Office:****Item 2(c). Citizenship:**

| | | | |
|-------------------------|--|--|--------------------------------------|
| Warren E. Buffett | Columbia Insurance Company 1314 Douglas Street | Finial Reinsurance Company | GEICO Advantage Insurance Company |
| 3555 Farnam Street | | 100 Stamford Plaza | 5260 Western Avenue |
| Omaha, Nebraska 68131 | Omaha, Nebraska 68102 | Stamford, Connecticut 06962 | Chevy Chase, Maryland 20815 |
| United States Citizen | Nebraska corporation | Connecticut corporation | Nebraska corporation |
| Berkshire Hathaway Inc. | Central States of Omaha | National Indemnity Company of the South | GEICO Casualty Company. |
| 3555 Farnam Street | Companies, Inc. | 1314 Douglas Street | 5260 Western Avenue |
| Omaha, Nebraska 68131 | 1212 North 96th Street | Omaha, Nebraska 68102 | Chevy Chase, Maryland 20815 |
| Delaware corporation | Omaha, Nebraska 68114 | Florida corporation | Maryland corporation |
| | Nebraska corporation | | |
| | | Boat America Corporation | |

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| | | | |
|--|--|--|--|
| National Indemnity Company | Central States Indemnity Company | 880 South Pickett Street Alexandria, Virginia 22304 | GEICO Choice Insurance Company |
| 1314 Douglas Street Omaha, Nebraska 68102 | 1212 North 96th Street Omaha, Nebraska 68114 | Virginia corporation | 5260 Western Avenue Chevy Chase, Maryland 20815 Nebraska corporation |
| Nebraska corporation | Nebraska corporation | | |
| Berkshire Hathaway Assurance Corporation | CSI Life Insurance Company | GEICO Marine Insurance Company | GEICO Secure Insurance Company |
| 1314 Douglas Street Omaha, Nebraska 68102 | 1212 North 96th Street Omaha, Nebraska 68114 | 880 South Pickett Street Alexandria, Virginia 22304 | 5260 Western Avenue Chevy Chase, Maryland 20815 |
| Nebraska corporation | Nebraska corporation | Maryland corporation | Nebraska corporation |
| Berkshire Hathaway Specialty Insurance Company | National Liability & Fire Insurance Company | National Fire & Marine Insurance Company | Redwood Fire & Casualty Insurance Company |
| 1314 Douglas Street Omaha, Nebraska 68102 | 1314 Douglas Street Omaha, NE 68102 | 1314 Douglas Street Omaha, NE 68102 | 1314 Douglas Street Omaha, NE 68102 |
| Nebraska corporation | Connecticut corporation | Nebraska corporation | Nebraska corporation |

| | | | |
|---|---|---|---|
| National Indemnity Company | Oak River Insurance Company | AmGUARD Insurance Company | EastGUARD Insurance Company |
| of MidAmerica Insurance Company | 1314 Douglas Street Omaha, NE 68102 | 16 South River Street Wilkes-Barre, PA 18703 | 16 South River Street Wilkes-Barre, PA 18703 |
| 1314 Douglas Street Omaha, NE 68102 | Nebraska corporation | Pennsylvania corporation | Pennsylvania corporation |
| Iowa corporation | | | |
| NorGUARD Insurance Company | WestGUARD Insurance Company | Berkshire Hathaway Homestate Insurance Company | Berkshire Hathaway Direct Insurance Company |
| 16 South River Street Wilkes-Barre, PA 18703 | 16 South River Street Wilkes-Barre, PA 18703 | 1314 Douglas Street Omaha, NE 68102 | 1314 Douglas Street Omaha, NE 68102 |
| Pennsylvania corporation | Pennsylvania corporation | Nebraska corporation | Delaware corporation |

(d) Title of Class of Securities:

Common Stock

(e) CUSIP Number:

459200101

Item 3. If this statement is filed pursuant to §§240.13d-1(b), or 240.13d-2(b) or (c), check whether the person filing is a:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.), Berkshire Hathaway Inc., Central States of Omaha Companies, Inc. and Boat America Corporation are each a Parent Holding Company or Control Person, in accordance with §240.13d-1(b)(1)(ii)(G).

National Indemnity Company, Berkshire Hathaway Assurance Corporation, Berkshire Hathaway Specialty Insurance Company, Berkshire Hathaway Homestate Insurance Company, Columbia Insurance Company, Central States Indemnity Company of Omaha, CSI Life Insurance Company, Finial Reinsurance Company, National Indemnity Company of the South, GEICO Marine Insurance Company, GEICO Advantage Insurance Company, GEICO Casualty Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company, National Fire and Marine Insurance Company, Redwood Fire & Casualty Insurance Company, National Indemnity of MidAmerica

Insurance Company, Oak River Insurance Company, AmGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, Berkshire Hathaway Direct Insurance Company and National Liability & Fire Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

The Reporting Persons together are a Group in accordance with §240.13d-1(b)(1)(ii)(K).

Item 4. Ownership.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

(a) Amount beneficially owned:

See the Cover Pages for each of the Reporting Persons.

(b) Percent of class:

See the Cover Pages for each of the Reporting Persons.

(c) Number of shares as to which such person has:

(i) sole power to vote or to direct the vote

(ii) shared power to vote or to direct the vote

(iii) sole power to dispose or to direct the disposition of

(iv) shared power to dispose or to direct the disposition of

See the Cover Pages for each of the Reporting Persons.

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.

Not Applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.

See Exhibit A.

Item 8. Identification and Classification of Members of the Group.

See Exhibit A.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under §240.14a-11.

SIGNATURES

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.

February 14, 2017
Date

/s/ Warren E. Buffett
Signature

Warren E. Buffett
Name

Berkshire Hathaway Inc.

By: /s/ Warren E. Buffett
Signature

Warren E. Buffett, Chairman of the Board
Name/Title

February 14, 2017
Date

Berkshire Hathaway Assurance Corporation
Columbia Insurance Company
Central States Indemnity Company of Omaha
CSI Life Insurance Company
Finial Reinsurance Company
National Indemnity Company
National Indemnity Company of the South
GEICO Marine Insurance Company
GEICO Advantage Insurance Company
GEICO Casualty Company
GEICO Choice Insurance Company
GEICO Secure Insurance Company
Central States of Omaha Companies, Inc.
Boat America Corporation
Berkshire Hathaway Specialty Insurance Company
National Fire and Marine Insurance Company
Redwood Fire & Casualty Insurance Company
National Indemnity Company of MidAmerica
Insurance Company
Oak River Insurance Company
AmGUARD Insurance Company
EastGUARD Insurance Company
NorGUARD Insurance Company

WestGUARD Insurance Company
Berkshire Hathaway Homestate Insurance Company

Berkshire Hathaway Direct Insurance Company

National Liability & Fire Insurance Company

By: /s/ Warren E. Buffett
Signature

Warren E. Buffett
Attorney-in-Fact
Name/Title

February 14, 2017
Date

SCHEDULE 13G

EXHIBIT A

RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP

PARENT HOLDING COMPANIES OR CONTROL PERSONS:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.)

Berkshire Hathaway Inc.

Central States of Omaha Companies, Inc.

Boat America Corporation

INSURANCE COMPANIES AS DEFINED IN SECTION 3(a)(19) OF THE ACT:

National Indemnity Company, Berkshire Hathaway Assurance Corporation, Berkshire Hathaway Specialty Insurance Company, Columbia Insurance Company, Central States Indemnity Company of Omaha, CSI Life Insurance Company, Finial Reinsurance Company, National Indemnity Company of the South, GEICO Marine Insurance Company, GEICO Advantage Insurance Company, GEICO Casualty Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company, National Fire and Marine Insurance Company, Redwood Fire & Casualty Insurance Company, National Indemnity Company of MidAmerica Insurance Company, Oak River Insurance Company, AmGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, Berkshire Hathaway Homestate Insurance Company, Berkshire Hathaway Direct Insurance Company and National Liability & Fire Insurance Company

SCHEDULE 13G

EXHIBIT B

JOINT FILING AGREEMENT PURSUANT TO RULE 13d-1(k)(1)

AND POWER OF ATTORNEY

The undersigned persons agree and consent to the joint filing on their behalf of Schedule 13G and all amendments thereto in connection with their beneficial ownership of the Common Stock of International Business Machines Corporation.

Each person other than Warren E. Buffett whose signature appears below hereby constitutes and appoints Warren E. Buffett as his true and lawful attorney-in-fact and agent with full power of substitution and resubstitution, to act for him and in his name, place and stead, in any and all capacities, to sign a Schedule 13G and any or all amendments to Schedule 13G in connection with the beneficial ownership of the Common Stock of International Business Machines Corporation, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorney-in-fact and agent full power and authority to do and perform each and every act and thing requisite and necessary to be done in and about the premises, as fully to all intents and purposes as he might or could do in person, hereby ratifying and confirming all that said attorney-in-fact and agent or his substitute may lawfully do or cause to be done by virtue hereof.

Dated: February 14, 2017

/S/ Warren E. Buffett
Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 14, 2017

/S/ Warren E. Buffett
By: Warren E. Buffett
Title: Chairman of the Board

National Indemnity Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Berkshire Hathaway Assurance Corporation

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Columbia Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Central States of Omaha Companies, Inc.

Dated: February 14, 2017

/S/ Thomas B. Schlichting
By: Thomas B. Schlichting
Title: CFO

CSI Life Insurance Company

Dated: February 14, 2017

/S/ Thomas B. Schlichting
By: Thomas B. Schlichting
Title: CFO

Central States Indemnity Company of Omaha

Dated: February 14, 2017

/S/ Thomas B. Schlichting
By: Thomas B. Schlichting
Title: CFO

Finial Reinsurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

National Indemnity Company of the South

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Boat America Corporation

Dated: February 14, 2017

/S/ Richard Schwartz
By: Richard Schwartz
Title: Chairman

GEICO Marine Insurance Company

Dated: February 14, 2017

/S/ Jim Holler
By: Jim Holler
Title: President

GEICO Advantage Insurance Company

Dated: February 14, 2017

/S/ William E. Roberts
By: William E. Roberts
Title: President

GEICO Casualty Company

Dated: February 14, 2017

/S/ William E. Roberts
By: William E. Roberts
Title: President

GEICO Choice Insurance Company

Dated: February 14, 2017

/S/ William E. Roberts
By: William E. Roberts
Title: President

GEICO Secure Insurance Company

Dated: February 14, 2017

/S/ William E. Roberts
By: William E. Roberts
Title: President

Berkshire Hathaway Specialty Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

AmGUARD Insurance Company

Dated: February 14, 2017

/S/ Sy Foguel
By: Sy Foguel
Title: President

EastGUARD Insurance Company

Dated: February 14, 2017

/S/ Sy Foguel
By: Sy Foguel
Title: President

NorGUARD Insurance Company

Dated: February 14, 2017

/S/ Sy Foguel
By: Sy Foguel
Title: President

WestGUARD Insurance Company

Dated: February 14, 2017

/S/ Sy Foguel
By: Sy Foguel
Title: President

Berkshire Hathaway Homestate Insurance Company

Dated: February 14, 2017

/S/ Andrew Linkhart
By: Andrew Linkhart
Title: Treasurer

National Fire and Marine Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Redwood Fire & Casualty Insurance Company

Dated: February 14, 2017

/S/ Andrew Linkhart
By: Andrew Linkhart
Title: Treasurer

Berkshire Hathaway Direct Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

National Indemnity Company of MidAmerica
Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer

Oak River Insurance Company

Dated: February 14, 2017

/S/ Andrew Linkhart
By: Andrew Linkhart
Title: Treasurer

National Liability & Fire Insurance Company

Dated: February 14, 2017

/S/ Dale D. Geistkemper
By: Dale D. Geistkemper
Title: Treasurer