Helmerich & Payne, Inc.
Form SC 13G
February 05, 2019

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

SCHEDULE 13G

Under the Securities Exchange Act of 1934
(Amendment No. 34)*

HELMERICH & PAYNE, INC.

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

423452101

(Cusip Number)

12/31/2018

(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).

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CUSIP No. ___423452101 ___

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 Shares Beneficially Owned by Each Reporting Person With	5.	Sole Voting Power: 8,257,200
	6.	Shared Voting Power: 29,273
	7.	Sole Dispositive Power: 8,257,200
	8.	Shared Dispositive Power: 29,273

9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,286,473

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

11. Percent of Class Represented by Amount in Row 9: 7.58 %

12. Type of Reporting Person: IC

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CUSIP No. ___423452101 ___

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 Shares Beneficially Owned by Each Reporting Person With	5.	Sole Voting Power: 0
	6.	Shared Voting Power: 6,420
	7.	Sole Dispositive Power: 0
	8.	Shared Dispositive Power: 6,420

9. Aggregate Amount Beneficially Owned by each Reporting Person: 6,420

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

11. Percent of Class Represented by Amount in Row 9: 0.01 %

12. Type of Reporting Person: IC

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CUSIP No. ___423452101 ___

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Fire and Casualty Company 37-0533080

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 Shares Beneficially Owned by Each Reporting Person With	5. Sole Voting Power: 0
	6. Shared Voting Power: 3,962
	7. Sole Dispositive Power: 0
	8. Shared Dispositive Power: 3,962

9. Aggregate Amount Beneficially Owned by each Reporting Person: 3,962

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

11. Percent of Class Represented by Amount in Row 9: 0.00 %

12. Type of Reporting Person: IC

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CUSIP No. ___423452101 ___

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

Number of Shares Beneficially Owned by Each Reporting Person With	5. Sole Voting Power: 0
	6. Shared Voting Power: 4,345
	7. Sole Dispositive Power: 0
	8. Shared Dispositive Power: 4,345

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,345

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

11. Percent of Class Represented by Amount in Row 9: 0.00 %

12. Type of Reporting Person: IC

Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices:

HELMERICH & PAYNE, INC.
1437 SOUTH BOULDER AVE.
SUITE 1400
TULSA, OK 74119-3623

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 3. This Schedule is being filed, in accordance with 240.13d-1(b).
See Exhibit A attached.

Item 4(a). Amount Beneficially Owned: 8,301,200 shares

Item 4(b). Percent of Class: 7.59 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:8,257,200
(ii) Shared power to vote or to direct the vote: 44,000
(iii) Sole Power to dispose or to direct disposition of:8,257,200
(iv) Shared Power to dispose or to direct disposition of: 44,000

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

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.

01/31/2019

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 INVESTMENT MANAGEMENT CORP.

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

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

/s/ Paul N. Eckley

Paul N. Eckley, Vice President of each of the above

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 two qualified retirement plans for the benefit of its employees, which plans are named the State Farm Insurance Companies Employee Retirement Trust and 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 the filing of this report. Each insurance company included in 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".

Name	Classification Under Item 3	Number of Shares based on Proceeds of Sale
State Farm Mutual Automobile Insurance Company	IC	8,286,473 shares
State Farm Life Insurance Company	IC	6,420 shares
State Farm Fire and Casualty Company	IC	3,962 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	4,345 shares
State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees Equities Account	EP	0 shares

Balanced Account		0 shares
State Farm Mutual Fund Trust	IV	0 shares
		8,301,200 shares

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