Number of Shares

Beneficially 6. Shared Voting Power: 56,922

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

SCHEDULE 13G

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

AIR PRODUCTS & CHEMICALS, INC.
(Name of Issuer)
COMMON SHARES
(Title of Class of Securities)
009158106
(Cusip Number) 12/31/2017
(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
CUSIP No009158106
 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: 7,018,600

	ed by h 7. Sole Dispositive Power: 7,018,6 orting son With 8. Shared Dispositive Power: 56,92		
9.	Aggregate Amount Beneficially Owned by each	 Reporting Person	: 7,075,522
10.	Check Box if the Aggregate Amount in Row 9 e	xcludes Certain	Shares:
11.	Percent of Class Represented by Amount in Ro	w 9: 3.23 %	
12.	Type of Reporting Person: IC		
Sch	edule 13G	Page of	Pages
CUSI	P No009158106		
1.	Name of Reporting Person and I.R.S. Identifi State Farm Life Insurance Company 37-0533090		
2.	Check the appropriate box if a Member of a G (a) (b)X	roup	
3.	SEC USE ONLY:		
4.	Citizenship or Place of Organization: Illino	is	
	ber of 5. Sole Voting Power: 236,500		
Ben	res eficially 6. Shared Voting Power: 12,754		
Eac			
	orting son With 8. Shared Dispositive Power: 12,75	4	
9.	Aggregate Amount Beneficially Owned by each	 Reporting Person	: 249,254
10.	Check Box if the Aggregate Amount in Row 9 e	xcludes Certain	Shares:
	Check Box if the Aggregate Amount in Row 9 e		Shares:
11.			Shares:
11.	Percent of Class Represented by Amount in Ro		Pages
11. 12. Sch	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC	w 9: 0.11 % —	
11. 12. Sch	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G	Page of	Pages
11. 12. Sch	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi	Page of of	Pages
11. 12. Sch CUSI	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G (a)	Page of of	Pages
11. 12. Sch CUSI 1. 2.	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G (a) (b)X	w 9: 0.11 % Page of cation No.: 080 roup	Pages
11. 12. Sch CUSI 1. 2. 3. 4. Num	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G (a) (b)X SEC USE ONLY: Citizenship or Place of Organization: Illino ber of 5. Sole Voting Power: 1,701,200	w 9: 0.11 % Page of cation No.: 080 roup	Pages
11. Sch CUSI 1. 2. Num Sha Ben	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G (a) (b)X SEC USE ONLY: Citizenship or Place of Organization: Illino ber of 5. Sole Voting Power: 1,701,200 res eficially 6. Shared Voting Power: 7,477	w 9: 0.11 % Page of cation No.: 080 roup	Pages
11. Sch CUSI 1. 2. Num Sha Ben	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifi State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G (a) (b)X SEC USE ONLY: Citizenship or Place of Organization: Illino ber of 5. Sole Voting Power: 1,701,200 res eficially 6. Shared Voting Power: 7,477 ed by	w 9: 0.11 % Page of cation No.: 080 roup is	Pages
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11. Sch CUSI 1. 2. Num Sha Ben Own Eac Rep	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifith State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a General (a) (b)X SEC USE ONLY: Citizenship or Place of Organization: Illino of the proof sees of the proof of the power: 1,701,200 of the proof of the power: 7,477 of the proof of the power: 1,701,200	Page of	Pages 12
11. 12. Sch CUSI 1. 2. Num Sha Ben Own Eac Rep Per	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifith State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a General (a) (b)X SEC USE ONLY: Citizenship or Place of Organization: Illino of the prosession of the power o	Page of	Pages 12 : 1,708,677
11. 12. Sch CUSI 1. 2. Num Sha Ben Own Eac Rep Per 9.	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifistate Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a G(a)(b)X SEC USE ONLY: Citizenship or Place of Organization: Illino ber of 5. Sole Voting Power: 1,701,200 res eficially 6. Shared Voting Power: 7,477 ed by h	Page of	Pages 12 : 1,708,677
11. 12. Sch CUSI 1. 2. Num Sha Ben Own Eac Rep Per 9. 10.	Percent of Class Represented by Amount in Ro Type of Reporting Person: IC edule 13G P No009158106 Name of Reporting Person and I.R.S. Identifith State Farm Fire and Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37-0533 Check the appropriate box if a Member of a General Casualty Company 37	Page of	Pages 12 : 1,708,677

CUSIP No. ___009158106

1.	Name of Reporting Person and I.R.S. State Farm Investment Management Co	
2.	Check the appropriate box if a Memb (a) (b)X	er of a Group
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization	n: Delaware
	nber of 5. Sole Voting Power: 1,6	060,000
Ben	res neficially 6. Shared Voting Power: 6	5,742
0wn Eac	the dots and the second	: 1,060,000
	orting son With 8. Shared Dispositive Pow	ver: 6,742
9.	Aggregate Amount Beneficially Owned	by each Reporting Person: 1,066,742
10.		n Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amo	ount in Row 9: 0.49 %
12.	Type of Reporting Person: IA	
Sch	nedule 13G	Page of Pages 6 12
CUSI	P No009158106	
1.	Name of Reporting Person and I.R.S. State Farm Insurance Companies Empl	
2.	Check the appropriate box if a Memb (a) (b)X	er of a Group
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization	on: Illinois
Num	nber of 5. Sole Voting Power: 4,0	000,000
	nres Deficially 6. Shared Voting Power: 8	3,362
	ned by	·
Rep	oorting	
	son With 8. Shared Dispositive Pow	
9.		by each Reporting Person: 4,008,362
10.	Check Box if the Aggregate Amount i	n Row 9 excludes Certain Shares:
11.	Percent of Class Represented by Amo	ount in Row 9: 1.83 %
12.	Type of Reporting Person: EP	
Sch	nedule 13G	Page of Pages
CUSI	TP No009158106	
1.	Name of Reporting Person and I.R.S. State Farm Insurance Companies Savi Employees 37-6091823	
2.	Check the appropriate box if a Memb (a) (b)X	per of a Group
3.	SEC USE ONLY:	
4.	Citizenship or Place of Organization	on: Illinois
	nber of 5. Sole Voting Power: 1,3	876,800
	res neficially 6. Shared Voting Power: 0)

Eacl Rep	orting	7. Sole Dispositi 8. Shared Disposi	ve Power: 1,376,800)
9.	Aggregate	Amount Beneficial	ly Owned by each Re	- eporting Person: 1,376,800
10.	Check Box	if the Aggregate	Amount in Row 9 exc	- cludes Certain Shares:
11.	Percent o	of Class Represente	d by Amount in Row	9: 0.63 %
12.	Type of R	eporting Person: E	P	-
Sch	edule 13G			Page of Pages 12
CUSI	P No0	09158106		
1.		eporting Person an m Mutual Fund Trus	d I.R.S. Identifica t 37-1400576	ation No.:
2.	Check the (a)(b)X		f a Member of a Gro	– oup
3.	SEC USE 0	DNLY:		-
4.	Citizensh	ip or Place of Org	anization: Illinois	- 3
		5. Sole Voting Po	wer: 0	-
		6. Shared Voting	Power: 14,532	
Eacl	h	7. Sole Dispositi	ve Power: 0	
•	orting son With	8. Shared Disposi	tive Power: 14,532	
9.	Aggregate	Amount Beneficial	ly Owned by each Re	- eporting Person: 14,532
10.	Check Box	if the Aggregate	Amount in Row 9 exc	- cludes Certain Shares:
10.			Amount in Row 9 exc d by Amount in Row	_
11.	Percent o		d by Amount in Row	_
11. 12. Scho	Percent o	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD.	9: 0.01 % -
11. 12. Scho	Percent of Redule 13G	cf Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501	Page of Pages rincipal Executive Offices:
11. 12. Scho	Percent of Redule 13G	cf Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501	9: 0.01 % - Page of Pages 9 12
11. 12. Scho	Percent of Redule 13G 1(a) and 2(a). Na	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela	Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8
11. 12. Scho	Percent of Redule 13G 1(a) and 2(a). Na	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela	Page of Pages rincipal Executive Offices: al Automobile Insurance
11. 12. Scho	Percent of Redule 13G 1(a) and 2(a). Na	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: (Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8
11. 12. Scho	Percent of Redule 13G 1(a) and 2(a). Na 2(b). Ad	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: (Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8 One State Farm Plaza
Item Item Item	Percent of Redule 13G 1(a) and 2(a). Na 2(b). Ad 2(c). Ci	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA Time of Person Filin Iddress of Principal Actizenship: United	d by Amount in Row P ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: C	Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8 One State Farm Plaza
Item Item Item Item	Percent of Type of Redule 13G 1(a) and 2(a). Na 2(b). Ad 2(c). Ci 2(d) and 3. This	conting Person: Exporting Person: Exporting Person: Exporting Person: Exporting Person: Exporting Person Filing Pe	ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: (States ss of Securities ar	Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8 One State Farm Plaza Bloomington, IL 61710
Item Item Item Item	Percent of Type of Redule 13G 1(a) and 2(a). Na 2(b). Ad 2(c). Ci 2(d) and 3. This	of Class Represente Reporting Person: E (b). Name and Add AIR PRODUCTS 7201 HAMILTON ALLENTOWN, PA Title of Cla (e). Title of Cla	ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: (States ss of Securities ar	Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8 One State Farm Plaza Bloomington, IL 61710 and Cusip Number: See above.
Item Item Item Item Item Item	Percent of Type of Redule 13G 1(a) and 2(a). Na 2(b). Ad 2(c). Ci 2(d) and 3. This See E	conting Person: Exporting Person: Exporting Person: Exporting Person: Exporting Person: Exporting Person Filing Pe	ress of Issuer & Pr & CHEMICALS, INC. BLVD. 18195-1501 g: State Farm Mutua Company and rela and Exhibit A Business Office: (States ss of Securities ar	Page of Pages rincipal Executive Offices: al Automobile Insurance ated entities; See Item 8 One State Farm Plaza Bloomington, IL 61710 and Cusip Number: See above. ce with 240.13d-1(b).

	(ii) Shared power to vote of(iii) Sole Power to dispose	to direct the vote:15,393,100 or to direct the vote: 106,789 or to direct disposition of:15,393,100 se or to direct disposition of:106,789				
Item 5.	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 o	on by the Parent Holding Company: N/A				
Item 8.		ation of Members of the Group:				
	See Exhibit A attached.					
Item 9.	Notice of Dissolution of Grou	ıp: N/A				
Schedul	e 13G	Page of Pages 10 12				
acquir for th influe not ac transa After I cert	reasonable inquiry and to the	ousiness and were not acquired the effect of changing or er of such securities and were as a participant in any				
	02/08/2018	STATE FARM MUTUAL AUTOMOBILE				
	Date	INSURANCE COMPANY				
		STATE FARM LIFE INSURANCE COMPANY				
		STATE FARM FIRE AND CASUALTY COMPANY				
-	FARM INSURANCE COMPANIES OYEE 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				
		STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND				
		STATE FARM MUTUAL FUND TRUST				
	/s/ Paul N. Eckley					
		/s/ Paul N. Eckley				
Pau Schedul	l N. Eckley, Fiduciary of each of the above e 13G	Paul N. Eckley, Vice President of each of the above Page of Pages 11 12				

Item 4(c). Number of shares as to which such person has:

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".

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Schedule 13G

Schedule 136	-	01 Pages 12
Name 	Classification Under Item 3	
State Farm Mutual Automobile Insurance Compar	ny IC	7,075,522 shares
State Farm Life Insurance Company	IC	249,254 shares
State Farm Fire and Casualty Company	IC	1,708,677 shares
State Farm Investment Management Corp.	IA	0 shares
State Farm Associates Funds Trust - State		
Farm Growth Fund	IV	830,000 shares
State Farm Associates Funds Trust - State		
Farm Balanced Fund	IV	230,000 shares
State Farm Variable Product Trust	IV	6,742 shares
State Farm International Life Insurance		
Company Ltd.	IV	0 shares
State Farm Insurance Companies Employee	ED	1 000 000 shares
Retirement Trust	EP	4,008,362 shares
State Farm Insurance Companies Savings and	EP	
Thrift Plan for U.S. Employees Equities Account	EP	1,120,800 shares
Balanced Account		256,000 shares
State Farm Mutual Fund Trust	IV	14,532 shares
Cara . a Hataar Fana Franc		
		15,499,889 shares