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| | | | 1 | 11 |

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 o | of Issuer) | |
| | COMMO | ON SHARES | |
| | (Title of Clas | ss of Securities |) |
| | 009 | 9158106 | |
| | | Number) 31/2018 | |
| (1 | Date of Event Which Requi | ires Filing of t | his Statement) |
| | | | |
| Check the approp | priate box to designate ted: | the rule pursuan | t to which this |
| [X] Rule 13d-1(k [] Rule 13d-1(c [] Rule 13d-1(c | c) | | |
| person's initial of securities, a | of this cover page shall I filing on this form with and for any subsequent ar er the disclosures provid | th respect to th mendment contain | e subject class ing information |
| be deemed to be Exchange Act of of that section | required in the remainde "filed" for the purpose 1934 ("Act") or otherwis of the Act but shall be ever, see the Notes). | of Section 18 o se subject to th | f the Securities e liabilities |
| Schedule 13G | | Page | of Pages |
| CUSIP No0091 | 158106 | | |
| _ | orting Person and I.R.S. Mutual Automobile Insurar | | |
| 2. Check the ap (a) (b)X | ppropriate box if a Membe | er of a Group | |
| 3. SEC USE ONLY | γ: | | |
| 4. Citizenship | or Place of Organization | n: Illinois | |
| Number of 5. | Sole Voting Power: 7,03 | 18,600 | |

Beneficially 6. Shared Voting Power: 58,021

Shares

| Each | 7. Sole Dispositive P | ower: 7,018,600 |) | | |
|--|---|--|----------------------------|----------|-----------------------|
| Reporting | | | | | |
| Person With | | | _ | | |
| 9. Aggrega | te Amount Beneficially O | wned by each Re | eporting Po | erson: | 7,076,621 |
| .0. Check E | ox if the Aggregate Amou | nt in Row 9 exc | cludes Cer | tain Sha | ares: |
| 11. Percent | of Class Represented by | Amount in Row | 9: 3.22 | 8 | |
| 12. Type of | Reporting Person: IC | | _ | | |
| Schedule 13 | G | | Page3 | of | Pages |
| | | | 3 | 11 | _ |
| CUSIP No | | | | | |
| | Reporting Person and I. arm Life Insurance Compa | | ation No.: | | |
| 2. Check t (a) (b) | he appropriate box if a : | Member of a Gro | - oup | | |
| 3. SEC USE | ONLY: | | _ | | |
| 4. Citizer | ship or Place of Organiz | ation: Illinois | - 5 | | |
| Number of | 5. Sole Voting Power: | 236,500 | _ | | |
| | y 6. Shared Voting Powe | r: 13,174 | | | |
| Owned by Each | 7. Sole Dispositive P | ower: 236,500 | | | |
| Reporting Person With | 8. Shared Dispositive | Power: 13,174 | | | |
| 9 Aggrega | te Amount Beneficially O | wned by each Re | - Poorting P | erson: 1 | 249 674 |
| J. 11991 cgc | ce immedite beneficially o | whea by each in | sporering r | 210011. | . 13 / 0 / 1 |
| 0 01 1 7 | 1.6.11.2 | · · · | -, , ~ | | |
| .0. Check H | ox if the Aggregate Amou | nt in Row 9 exc | - cludes Cer | tain Sha | ares: |
| | ox if the Aggregate Amou of Class Represented by | | _ | | ares: |
| l1. Percent | | | _ | | res: |
| l1. Percent | of Class Represented by Reporting Person: IC | | 9: 0.11 - |) 0 | |
| .1. Percent | of Class Represented by Reporting Person: IC | | _ |) 0 | |
| 1. Percent 2. Type of Schedule 13 | of Class Represented by Reporting Person: IC | | 9: 0.11 - |) 0 | |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of | of Class Represented by Reporting Person: IC | Amount in Row | 9: 0.11 Page 4 |) 0 | |
| 2. Type of Schedule 13 CUSIP No 1. Name of State F | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 | 9: 0.11 Page 4 |) 0 | |
| 2. Type of Schedule 13 CUSIP No 1. Name of State F | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 | 9: 0.11 Page 4 |) 0 | |
| 2. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b)2 | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 | 9: 0.11 Page 4 |) 0 | |
| 2. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro | 9: 0.11 Page |) 0 | |
| 2. Check t (a) (b) 3. SEC USE | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro | 9: 0.11 Page |) 0 | |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USF 4. Citizer Number of | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro ation: Illinois | 9: 0.11 Page |) 0 | |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USE 4. Citizer Number of Shares Beneficial1 | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro ation: Illinois 1,701,200 | 9: 0.11 Page |) 0 | |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USF 4. Citizer Number of Shares Beneficial1 Owned by Each | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro ation: Illinois 1,701,200 r: 7,639 | 9: 0.11 Page |) 0 | |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USE 4. Citizer Number of Shares Beneficiall Owned by Each Reporting | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro ation: Illinois 1,701,200 r: 7,639 ower: 1,701,200 | 9: 0.11 Page |) 0 | |
| 2. Check t (a) (b) 2. Citizer Number of Shares Beneficiall Owned by Each Reporting Person With | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identification and the state of a Grown action: Illinois 1,701,200 r: 7,639 ower: 1,701,200 Power: 7,639 | 9: 0.11 Page | of | Pages |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USE 4. Citizer Number of Shares Beneficiall Owned by Each Reporting Person With 9. Aggrega | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identifica mpany 37-053308 Member of a Gro ation: Illinois 1,701,200 r: 7,639 ower: 1,701,200 Power: 7,639 wned by each Re | Page 4 ation No.: 30 cup | of | Pages |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identification and the second are second as a second are | Page | of | Pages |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USE 4. Citizer Number of Shares Beneficiall Owned by Each Reporting Person With 9. Aggrega 10. Check F 11. Percent | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identification and the second are second as a second are | Page | of | Pages |
| 11. Percent 12. Type of Schedule 13 CUSIP No 1. Name of State F 2. Check t (a) (b) 3. SEC USE 4. Citizer Number of Shares Beneficiall Owned by Each Reporting Person With 9. Aggrega 10. Check F 11. Percent | of Class Represented by Reporting Person: IC G | Amount in Row R.S. Identification and the second are second as a second are second at a second are sec | Page | of | Pages .,708,839 ares: |

| 1. Name of Reporting Person and I.R.S. Iden State Farm Investment Management Corp. | tification No.: |
|--|---------------------------------|
| 2. Check the appropriate box if a Member of (a) | a Group |
| (b) <u>X</u> | |
| 3. SEC USE ONLY: | |
| 4. Citizenship or Place of Organization: De | laware |
| Number of 5. Sole Voting Power: 1,060,000 Shares | 0 |
| Beneficially 6. Shared Voting Power: 0 Owned by | |
| Each 7. Sole Dispositive Power: 1,0 Reporting | |
| Person With 8. Shared Dispositive Power: 0 | |
| 9. Aggregate Amount Beneficially Owned by e | |
| O. Check Box if the Aggregate Amount in Row | |
| 1. Percent of Class Represented by Amount is | n Row 9: 0.48 % |
| 2. Type of Reporting Person: IA | |
| Schedule 13G | Page of Pages |
| USIP No009158106 | |
| 1. Name of Reporting Person and I.R.S. Iden State Farm Insurance Companies Employee | |
| 2. Check the appropriate box if a Member of (a) | a Group |
| (b) <u>X</u> | |
| 3. SEC USE ONLY: | |
| 4. Citizenship or Place of Organization: Il | linois |
| Number of 5. Sole Voting Power: 4,000,00 Shares | 0 |
| Beneficially 6. Shared Voting Power: 8,820 Owned by | |
| Each 7. Sole Dispositive Power: 4,0 | 00,000 |
| Person With 8. Shared Dispositive Power: 8 | ,820 |
| 9. Aggregate Amount Beneficially Owned by e. | ach Reporting Person: 4,008,820 |
| O. Check Box if the Aggregate Amount in Row | 9 excludes Certain Shares: |
| 1. Percent of Class Represented by Amount is | n Row 9: 1.83 % |
| 2. Type of Reporting Person: EP | |
| Schedule 13G | Page of Pages |
| USIP No009158106 | |
| Name of Reporting Person and I.R.S. Iden- State Farm Insurance Companies Savings as 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: Il | linois |
| Number of 5. Sole Voting Power: 1,376,80 | 0 |
| Shares Beneficially 6. Shared Voting Power: 0 | |

| Each Reportin | |
|------------------|---|
| Person W | ith 8. Shared Dispositive Power: 0 |
| 9. Aggr | egate Amount Beneficially Owned by each Reporting Person: 1,376,800 |
| 10. Chec | k Box if the Aggregate Amount in Row 9 excludes Certain Shares: |
| l1. Perc | ent of Class Represented by Amount in Row 9: 0.63 % |
| 12. Type | of Reporting Person: EP |
| Schedule | 13G Page of Pages 11 |
| Item 1(a) | and (b). Name and Address of Issuer & Principal Executive Offices: |
| | AIR PRODUCTS & CHEMICALS, INC. 7201 HAMILTON BLVD. ALLENTOWN, PA 18195-1501 |
| 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 |
| [tem 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: 15,480,754 shares |
| Item 4(b) | . Percent of Class: 7.05 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:15,393,100 (ii) Shared power to vote or to direct the vote: 87,654 (iii) Sole Power to dispose or to direct disposition of:15,393,100 (iv) Shared Power to dispose or to direct disposition of: 87,654 |
| 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 11 |

Owned by

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 STATE FARM MUTUAL AUTOMOBILE

Date INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY COMPANY

STATE FARM INSURANCE COMPANIES STATE FARM INVESTMENT MANAGEMENT EMPLOYEE RETIREMENT TRUST 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

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 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 | |
|---|--------------------------------|-------------------|
| | | |
| State Farm Mutual Automobile Insurance Compar | ny IC | 7,076,621 shares |
| State Farm Life Insurance Company | IC | 249,674 shares |
| State Farm Fire and Casualty Company | IC | 1,708,839 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 INTERNATIONAL LIFE, LLC | IV | 0 shares |
| State Farm Insurance Companies Employee | | |
| Retirement Trust | EP | 4,008,820 shares |
| State Farm Insurance Companies Savings and | | |
| Thrift Plan for U.S. Employees | EP | |
| Equities Account | | 1,120,800 shares |
| Balanced Account | | 256,000 shares |
| State Farm Mutual Fund Trust | IV | 0 shares |
| | | 15,480,754 shares |