NUCOR CORP Form SC 13G February 02, 2016 Schedule 13G

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

SCHEDULE 13G

Under the Securities Exchange Act of 1934

(Amendment No. ____) *

30

NUCOR CORPORATION				
	(Name of Issuer)			
	COMMON SHARES			
	(Title of Class of Securities)			
	670346105			
	(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). Page ____ of ___ Pages ____ 12 Schedule 13G CUSIP No. ____670346105 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 5. Sole Voting Power: 21,636,800 Shares Beneficially 6. Shared Voting Power: 80,747 7. Sole Dispositive Power: 21,636,800 Each Reporting Person With 8. Shared Dispositive Power: 80,747 9. Aggregate Amount Beneficially Owned by each Reporting Person: 21,717,547 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____ 11. Percent of Class Represented by Amount in Row 9: 6.83 % 12. Type of Reporting Person: IC Schedule 13G Page ____ of ___ Pages ____ 12 CUSIP No. ____670346105 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 5. Sole Voting Power: 532,400 Beneficially 6. Shared Voting Power: 18,173 Owned by 7. Sole Dispositive Power: 532,400 Each Reporting Person With 8. Shared Dispositive Power: 18,173 9. Aggregate Amount Beneficially Owned by each Reporting Person: 550,573

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

11. Percent of Class Represented by Amount in Row	9: 0.17 %
12. Type of Reporting Person: IC	-
Schedule 13G	Page of Pages
CUSIP No670346105	
1. Name of Reporting Person and I.R.S. Identification State Farm Fire and Casualty Company 37-053308	
2. Check the appropriate box if a Member of a Gro (a) (b)X	- pup
3. SEC USE ONLY:	-
4. Citizenship or Place of Organization: Illinois	- 5
Number of 5. Sole Voting Power: 2,800,000 Shares	-
Beneficially 6. Shared Voting Power: 10,590 Owned by	
Each 7. Sole Dispositive Power: 2,800,000 Reporting	
Person With 8. Shared Dispositive Power: 10,590	
9. Aggregate Amount Beneficially Owned by each Re	eporting Person: 2,810,590
10. Check Box if the Aggregate Amount in Row 9 exc	_
10. Oncon Bon II one niggiogace nimoune in now y en	cludes Certain Shares:
11. Percent of Class Represented by Amount in Row	_
	_
11. Percent of Class Represented by Amount in Row	_
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC	9: 0.88 % - Page of Pages
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G	9: 0.88 %
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identifications	9: 0.88 %
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp. 2. Check the appropriate box if a Member of a Grown (a)	9: 0.88 %
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp. 2. Check the appropriate box if a Member of a Grown (a) (b)X	9: 0.88 % Page of Pages 5
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp. 2. Check the appropriate box if a Member of a Grown (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Delaward Number of 5. Sole Voting Power: 968,000	9: 0.88 % Page of Pages 5
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identification State Farm Investment Management Corp. 2. Check the appropriate box if a Member of a Grown (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Delaward Number of 5. Sole Voting Power: 968,000 Shares Beneficially 6. Shared Voting Power: 10,487	9: 0.88 % Page of Pages 5
11. Percent of Class Represented by Amount in Row 12. Type of Reporting Person: IC Schedule 13G CUSIP No670346105 1. Name of Reporting Person and I.R.S. Identificated State Farm Investment Management Corp. 2. Check the appropriate box if a Member of a Grown (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Delaward Number of 5. Sole Voting Power: 968,000 Shares	9: 0.88 % Page of Pages 5

9. Aggregate Amount Beneficially Owned by each Reporting Person: 978,487

10. Check Bo	x if the Aggregate Amount in Row 9 ex	- cludes Certain Shares:
11. Percent	of Class Represented by Amount in Row	9: 0.31 %
12. Type of	Reporting Person: IA	_
Schedule 13G		Page of Pages 12
CUSIP No	670346105	
	Reporting Person and I.R.S. Identificarm Insurance Companies Employee Retire	
2. Check the (a) (b)X		oup
3. SEC USE	ONLY:	_
4. Citizens	hip or Place of Organization: Illinois	- S
Number of Shares	5. Sole Voting Power: 2,272,100	=
	6. Shared Voting Power: 11,360	
Each	7. Sole Dispositive Power: 2,272,100	0
Reporting Person With	8. Shared Dispositive Power: 11,360	
9. Aggregat	e Amount Beneficially Owned by each Re	eporting Person: 2,283,460
10. Check Bo	x if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11. Percent	of Class Represented by Amount in Row	9: 0.72 %
12. Type of	Reporting Person: EP	_
Schedule 13G		Page of Pages 12
CUSIP No	670346105	
State Fa	Reporting Person and I.R.S. Identification of the Reporting Person and I.R.S. Identification of the Report of the	
2. Check the (a) (b)X_		_ oup
3. SEC USE	ONLY:	_
4. Citizens	hip or Place of Organization: Illinois	
Number of	5. Sole Voting Power: 2,239,600	_
Shares Beneficially	6. Shared Voting Power: 0	
Owned by Each	7. Sole Dispositive Power: 2,239,600	0

Reporting Person With 8. Shared Dispositive Power: 0
9. Aggregate Amount Beneficially Owned by each Reporting Person: 2,239,600
10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:
11. Percent of Class Represented by Amount in Row 9: 0.70 %
12. Type of Reporting Person: EP
Schedule 13G Page of Page: 8 12
CUSIP No670346105
1. Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Fund Trust 37-1400576
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: 0 Shares Beneficially 6. Shared Voting Power: 19,694 Owned by
Each 7. Sole Dispositive Power: 0 Reporting
Person With 8. Shared Dispositive Power: 19,694
9. Aggregate Amount Beneficially Owned by each Reporting Person: 19,694
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: EP Schedule 13G Page of Page: 9 12
Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices
NUCOR CORPORATION 1915 REXFORD RD. CHARLOTTE, NC 282211
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: 30,599,951 shares
Item	4 (b)	. Percent of Class: 9.62 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: 30,448,900 (ii) Shared power to vote or to direct the vote: 151,051 (iii) Sole Power to dispose or to direct disposition of: 30,448,900 (iv) Shared Power to dispose or to direct disposition of: 151,051
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
Sche	edule	Page of Pages 10
Ite	em 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.

______Date 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

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

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 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	F		_ of	_ Pages
		12	12	
			Number	of
			Shares b	pased
	Classif	ication	on Proce	eeds
Name	Under	Item 3	of Sai	le
State Farm Mutual Automobile Insurance Compar	ny IC	2	1,717,547	shares
State Farm Life Insurance Company	IC		550 , 573	shares
State Farm Fire and Casualty Company	IC	:	2,810,590	shares
State Farm Investment Management Corp.	IA		0	shares
State Farm Associates Funds Trust - State				
Farm Growth Fund	IV		531,200	shares
State Farm Associates Funds Trust - State				
Farm Balanced Fund	IV		436,800	shares
State Farm Variable Product Trust	IV		10,487	shares
State Farm Insurance Companies Employee				
Retirement Trust	EP	:	2,283,460	shares
State Farm Insurance Companies Savings and				
Thrift Plan for U.S. Employees	EP			
Equities Account			1,744,400	shares
Balanced Account			495,200	shares
State Farm Mutual Fund Trust	IV		19,694	shares
		3	0,599,951	shares