HELMERICH & PAYNE INC Form SC 13G/A January 31, 2012

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. ____) *

27

	HELMERICH & PAYNE, INC.
_	(Name of Issuer)
	COMMON SHARES
_	(Title of Class of Securities)
	423452101
_	(Cusip Number) 12/31/2011
(Da	ate 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 ____ 10 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 5. Sole Voting Power: 8,257,200 Shares Beneficially 6. Shared Voting Power: 26,228 7. Sole Dispositive Power: 8,257,200 Each Reporting Person With 8. Shared Dispositive Power: 26,228 9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,283,428 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____ 11. Percent of Class Represented by Amount in Row 9: 7.72 % 12. Type of Reporting Person: IC Schedule 13G Page ____ of ___ Pages 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 5. Sole Voting Power: 0 Beneficially 6. Shared Voting Power: 5,925 Owned by 7. Sole Dispositive Power: 0 Each Reporting Person With 8. Shared Dispositive Power: 5,925 9. Aggregate Amount Beneficially Owned by each Reporting Person: 5,925

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

11. Percent	of Class Represented by Amount in F	Row 9: 0.01 %
12. Type of	Reporting Person: IC	
Schedule 13G		Page of Pages
CUSIP No	423452101	
	Reporting Person and I.R.S. Identif rm Fire and Casualty Company 37-05	
2. Check the (a)X	e appropriate box if a Member of a _ _	Group
3. SEC USE	ONLY:	
4. Citizens	hip or Place of Organization: Illir	nois
Number of Shares	5. Sole Voting Power: 0	
	6. Shared Voting Power: 3,466	
Each Reporting	7. Sole Dispositive Power: 0	
	8. Shared Dispositive Power: 3,46	56
9. Aggregate	e Amount Beneficially Owned by each	n Reporting Person: 3,466
10. Check Box	x if the Aggregate Amount in Row 9	excludes Certain Shares:
11. Percent	of Class Represented by Amount in F	Row 9: 0.00 %
12. Type of	Reporting Person: IC	
Schedule 13G		Page of Pages 10
CUSIP No	423452101	
	Reporting Person and I.R.S. Identif rm Investment Management Corp.	fication No.:
2. Check the (a)X_		Group
3. SEC USE	ONLY:	
4. Citizens	hip or Place of Organization: Delaw	ware
Number of Shares	5. Sole Voting Power: 0	
Beneficially Owned by	6. Shared Voting Power: 4,164	
Each Reporting	7. Sole Dispositive Power: 0	 _
	7. Sole Dispositive Fower. 0	

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,164

10. Check Box if the Aggregate Amount in Row 9 exc	cludes Certain Shares:
11. Percent of Class Represented by Amount in Row	9: 0.00 %
12. Type of Reporting Person: IC	-
Schedule 13G	Page of Pages
CUSIP No423452101	
1. Name of Reporting Person and I.R.S. Identifica State Farm Insurance Companies Employee Retire	
Check the appropriate box if a Member of a Gro (a)(b)X	up
3. SEC USE ONLY:	-
4. Citizenship or Place of Organization: Illinois	-
Number of 5. Sole Voting Power: 0 Shares	-
Beneficially 6. Shared Voting Power: 3,586	
Owned by 7. Sole Dispositive Power: 0	
Reporting Person With 8. Shared Dispositive Power: 3,586	
9. Aggregate Amount Beneficially Owned by each Re	porting Person: 3,586
10. Check Box if the Aggregate Amount in Row 9 exc	cludes Certain Shares:
11. Percent of Class Represented by Amount in Row	9: 0.00 %
12. Type of Reporting Person: IC Schedule 13G	Page of Pages
Item 1(a) and (b). Name and Address of Issuer & Pr	rincipal Executive Offices:
HELMERICH & PAYNE, INC. 1437 SOUTH BOULDER AVE. SUITE 1400	
TULSA, OK 74119-3623	
Item 2(a). Name of Person Filing: State Farm Mutua	ıl Automobile Insurance
Company and rela and Exhibit A	ted entities; See Item 8
Item 2(b). Address of Principal Business Office: C	one State Farm Plaza
	Bloomington, IL 61710
<pre>Item 2(c). Citizenship: United States</pre>	

Item	2 (d)	aı	nd (e).	Ti	tle	of	Cla	.ss	of	Sec	cur	itie	es	and	Cus	sip	Nu	mbe	r: _	See	above
Item	3.	Th	is Sche	dule	is	bei	ng	fil	Led,	, ir	n a	.cco1	rda	nce	wit	:h 2	240	.13	d-1	(b)	
		See	e Exhib	it A	att	ach	ed.														
Item	4 (a)		Amount	. Ben	efic	cial	ly	Own	ned:	: 8,	30	0,56	69	sha	res						
Item	4 (b)	•	Percen	ıt of	Clá	ass:	7.	73	pe	rcer	nt	purs	sua	nt 1	to F	Rule	e 1	3d-	3 (d	1) (1)).
Item	4 (c)		Number	of	shar	res	as	to	wh	ich	su	ch p	per	son	has	s:					
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Item	5.	Own	nership	of	Five	e Pe	rce	nt	or	les	SS	of a	a C	las	s: N -	lot	Ap	pli	cab	le.	
Item	6.	Owi	nership	of	More	e th	an	Fiv	7e I	Perc	cen	t or	n B	eha:	lf c	of A	Ano	the	r P	ers	on: N/.
Item	7.		entific ————— e Secur																		
Item	8.		entific e Exhib						fica	atio	on	of N	Mem!	ber	s of	E th	ne	Gro	up:		_
Item	9.	Not	tice of	Dis	solu	ıtio	n o	f G	Grou	ıp:	N	I/A									
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STATE FARM LIFE INSURANCE COMPANY

STATE FARM INSURANCE COMPANIES
EMPLOYEE RETIREMENT TRUST

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

STATE FARM FIRE AND CASUALTY
COMPANY

STATE FARM INVESTMENT MANAGEMENT CORP.

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

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 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	Page1	of Pages
Name	Classification Under Item 3	
State Farm Mutual Automobile Insurance Compa	ny IC	8,283,428 shares
State Farm Life Insurance Company	IC	5 , 925 shares
State Farm Fire and Casualty Company	IC	3,466 shares
State Farm Investment Management Corp. State Farm Associates Funds Trust - State	IA	4,164 shares
Farm Growth Fund	IV	0 shares
State Farm Associates Funds Trust - State		
Farm Balanced Fund	IV	0 shares
State Farm International Life Insurance		
Company Ltd.	IV	0 shares
State Farm Insurance Companies Employee		
Retirement Trust	EP	3,586 shares
State Farm Insurance Companies Savings and		
Thrift Plan for U.S. Employees	EP	
Equities Account		0 shares
Balanced Account		0 shares
State Farm Mutual Fund Trust	IV	0 shares
		8,300,569 shares