## **Section 1: SC 13G (13G)**

Schedule 1	.3G
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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. \_\_\_\_)\*

5

ILLINOIS TOOL WORKS INC.
(Name of Issuer)
COMMON SHARES
(Title of Class of Securities)
452308109
(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). Page \_\_\_\_ of \_\_\_ Pages \_\_\_ 12 Schedule 13G CUSIP No. \_\_\_452308109 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: 16,563,200 Shares Beneficially 6. Shared Voting Power: 80,542 Owned by 7. Sole Dispositive Power: 16,563,200 Each Reporting Person With 8. Shared Dispositive Power: 80,542 9. Aggregate Amount Beneficially Owned by each Reporting Person: 16,643,742 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_ 11. Percent of Class Represented by Amount in Row 9: 4.87 % 12. Type of Reporting Person: IC Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 12 Schedule 13G CUSIP No. \_\_\_\_452308109 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: 348,600 Beneficially 6. Shared Voting Power: 18,223 Owned by Each 7. Sole Dispositive Power: 348,600 Reporting Person With 8. Shared Dispositive Power: 18,223

9. Aggregate Amount Beneficially Owned by each Reporting Person: 366,823

11.	Percent o	of Class Represented by Amount in Row	9: 0.11	L o		
2.	Type of F	Reporting Person: IC	_			
Sch	nedule 13G		Page	of	12	_ Pages
USI	IP No4	152308109				
1.		Reporting Person and I.R.S. Identific cm Fire and Casualty Company 37-05330		o.:		
2.	Check the (a)X		oup			
3.	SEC USE C	DNLY:	_			
4.	Citizensh	nip or Place of Organization: Illinoi	– S			
	nber of ares	5. Sole Voting Power: 2,600,000	_			
Ber		6. Shared Voting Power: 10,561				
Eac	-	7. Sole Dispositive Power: 2,600,00	0			
_	_	0				
Per	SON WILH	8. Shared Dispositive Power: 10,561				
Per 9.		e Amount Beneficially Owned by each R	_	g Perso	on: 2,6	510,561
9.	Aggregate		_ eporting _			
9.	Aggregate	e Amount Beneficially Owned by each R	_ eporting _ cludes ( _	Certain		
9.	Aggregate Check Box	e Amount Beneficially Owned by each R	_ eporting _ cludes ( _	Certain		
9.	Aggregate Check Box	e Amount Beneficially Owned by each R x if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row	_ eporting _ cludes ( _	Certair 5 % of	Share	es:
9. .0. .1. .2.	Aggregate Check Box Percent of	e Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC	_ eporting _ cludes ( _ 9: 0.76 _	Certair 5 % of	Share	es:
9. .0. .1. .2.	Aggregate Check Box Percent of Type of F nedule 13G TP No4	e Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC	eporting cludes ( 9: 0.76  Page	Certair 5 % of 5	Share	es:
9012Sch	Aggregate Check Box Percent of Type of F nedule 13G TP No4 Name of F State Far	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific m Investment Management Corp. e appropriate box if a Member of a Gr	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:
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9. 0. 1. 2. Sch	Aggregate Check Box Percent of Type of F nedule 13G  P No4  Name of F State Far Check the (a) (b)X  SEC USE O	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific m Investment Management Corp. e appropriate box if a Member of a Gr	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:
9. 0. 1. 2. Sch US1 1. 4. Num	Aggregate Check Box Percent of Type of F nedule 13G  TP No4 Name of F State Far Check the (a) (b)X  SEC USE O Citizensh	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific of Investment Management Corp.  Reporting Person if a Member of a Gregory appropriate box if a Member of a Gregory.	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:
9. 0. 1. 2. Sch USI 1. 2. Num Sha Ber	Aggregate Check Box Percent of Type of F nedule 13G  P No4  Name of F State Far Check the (a) (b)X  SEC USE of Citizensh  The control of the con	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person and I.R.S. Identific om Investment Management Corp.	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:
9. 0. 1. 2. Sch US1 1.  3. 4. Num Sha Ber Owr Eac	Aggregate Check Box Percent of Type of F nedule 13G  Name of F State Far Check the (a) (b) X  SEC USE Of Citizensh There of ares neficially ned by th	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific om Investment Management Corp. Reporting Person and I.R.S. Identific om Investment Management of a Gr appropriate box if a Member of a Gr ONLY: Dip or Place of Organization: Delawar  5. Sole Voting Power: 783,100	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:
9. 0. 1. 2. Sch TUSI 1.  3. 4. Num Sha Ber Owr Eac Rep	Aggregate Check Box Percent of Type of F nedule 13G  Name of F State Far Check the (a) (b) X  SEC USE O Citizensh aber of ares neficially ned by	Amount Beneficially Owned by each R if the Aggregate Amount in Row 9 ex of Class Represented by Amount in Row Reporting Person: IC  Reporting Person and I.R.S. Identific om Investment Management Corp.  Reporting Person if a Member of a Gr e appropriate box if a Member of a Gr  ONLY: hip or Place of Organization: Delawar  5. Sole Voting Power: 783,100  6. Shared Voting Power: 9,519	eporting cludes ( 9: 0.76  Page ation No	Certair 5 % of 5	Share	es:

11. Percent	of Class Represented by Amount in F	Row 9: 0.23 %	i
12. Type of	Reporting Person: IA		
Schedule 13G		Page	of Pages
		6	12
CUSIP No	452308109		
1. Name of	Reporting Person and I.R.S. Identif	 fication No.:	
	rm Insurance Companies Employee Ret		36-6042145
2. Check th (a)	e appropriate box if a Member of a	Group	
(b)X_			
· , <u></u> -			
3. SEC USE	ONLY:		
4. Citizens	hip or Place of Organization: Illin	nois	
Number of	5. Sole Voting Power: 1,518,100		
Shares			
	6. Shared Voting Power: 11,829		
Owned by Each	7. Sole Dispositive Power: 1,518	100	
Reporting			
Person With	8. Shared Dispositive Power: 11,8	829	
9. Aggregat	e Amount Beneficially Owned by each	 n Reporting Pe	erson: 1,529,929
10. Check Bo	x if the Aggregate Amount in Row 9	excludes Cert	ain Shares:
11. Percent	of Class Represented by Amount in F	 Row 9: 0.45 %	;
12. Type of	Reporting Person: EP		
iz. Type of	Reporting rerson. Br		
Schedule 13G	ł	Page	ofPages
		7	12
CUSIP No	452308109		
1 Name of	Reporting Person and I.R.S. Identif	 figation No :	
	rm Insurance Companies Savings and		or U.S.
	oyees 37-6091823		
2 Choole th	e appropriate box if a Member of a		
2. Check th		Group	
(b)X_	<del></del>		
3. SEC USE	ONLY:		
4. Citizens	chip or Place of Organization: Illin	nois	
Number of	5. Sole Voting Power: 1,341,700		
Shares			
Beneficially	6. Shared Voting Power: 0		
Owned by Each	7. Sole Dispositive Power: 1,341,	.700	
Reporting		, <del></del> 	<del></del>
Person With	8. Shared Dispositive Power: 0		
9 700000+	e Amount Beneficially Owned by each		ergon: 1 2/1 700
<ol><li>Aggregat</li></ol>	c vinorite penericiarity owned by each	r veboreriid be	

	f Class Represented 1			
12. Type of Re	eporting Person: EP		_	
Schedule 13G			Page8	of Pages
CUSIP No4	52308109			
	eporting Person and mutual Fund Trust		ation No.:	
2. Check the (a) (b)X	appropriate box if	a Member of a Gro	- oup	
3. SEC USE O	NLA:		_	
4. Citizensh	ip or Place of Organ	ization: Illinois	- 3	
Number of !	5. Sole Voting Power	r: 0	_	
-	6. Shared Voting Po	wer: 20,405		
-	7. Sole Dispositive	Power: 0		
	8. Shared Dispositi	ve Power: 20,405		<del></del>
1. Percent of	if the Aggregate Am		_	
2. Type of Re Schedule 13G	eporting Person: EP			of Pages
tem 1(a) and	(b). Name and Addre	ss of Issuer & Pr	rincipal Ex	ecutive Offices
	ILLINOIS TOOL W	ODIG TNG		
	155 HARLEM AVEN GLENVIEW, ILL.	UE		
tem 2(a). Nam	155 HARLEM AVEN	UE 60025	al Automobi	le Insurance
tem 2(a). Nam	155 HARLEM AVEN GLENVIEW, ILL.	UE 60025		
	155 HARLEM AVEN GLENVIEW, ILL.	UE 60025 State Farm Mutua Company and rela and Exhibit A	ated entiti	es; See Item 8
	155 HARLEM AVEN GLENVIEW, ILL. me of Person Filing:	UE 60025 State Farm Mutua Company and rela and Exhibit A usiness Office: C	ated entiti	es; See Item 8 arm Plaza
tem 2(b). Add	155 HARLEM AVEN GLENVIEW, ILL. me of Person Filing:	UE 60025  State Farm Mutua Company and rela and Exhibit A usiness Office: C	ated entiti One State F	es; See Item 8 arm Plaza
 Etem 2(b). Add	155 HARLEM AVENGLENVIEW, ILL.  me of Person Filing:  dress of Principal Barbara	UE 60025  State Farm Mutua Company and rela and Exhibit A usiness Office: C	ated entiti One State F	es; See Item 8 arm Plaza

	. Amount Beneficially Owned:	23,305,//9 snares
Item 4(b)	Percent of Class: 6.82 per	cent pursuant to Rule 13d-3(d)(1).
Item 4(c)	. Number of shares as to whi	ch such person has:
	<pre>(ii) Shared power to vote or (iii) Sole Power to dispose</pre>	o direct the vote:23,154,700 r to direct the vote: 151,079 or to direct disposition of:23,154,700 e or to direct disposition of: 151,079
Item 5.	Ownership of Five Percent or	less of a Class: Not Applicable.
Item 6.	Ownership of More than Five P	ercent on Behalf of Another Person: N/A
Item 7.	Identification and Classifica	tion of the Subsidiary Which Acquired
	the Security being Reported or	n by the Parent Holding Company: N/A
Item 8.	Identification and Classifica	tion of Members of the Group:
	See Exhibit A attached.	
Item 9.	Notice of Dissolution of Group	p: N/A
Schedule	: 13G	Page of Pages 10 12
my knov	). Certification. By signing vledge and belief, the securit	below I certify that, to the best of
for the influer	ed in the ordinary course of be purpose of and do not have the control of the issue quired in connection with or a ction having such purpose or e	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any
for the influer not according transact	ed in the ordinary course of be purpose of and do not have to acting the control of the issue quired in connection with or a ction having such purpose or expressions and to the interpolation to the interpolation and the interpolation and the interpolation and interpolati	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any
for the influer not according transact	ed in the ordinary course of be purpose of and do not have to acting the control of the issue quired in connection with or a ction having such purpose or expressions and to the interpretation set for that the information set for the course of the course	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any ffect.  Signature best of my knowledge and belief,
for the influer not according transact	ed in the ordinary course of be purpose of and do not have to acing the control of the issue quired in connection with or a ction having such purpose or expressions are assonable inquiry and to the left that the information set for the and correct.	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any ffect.  Signature best of my knowledge and belief, orth in this statement is true,
for the influer not according transact	ed in the ordinary course of be purpose of and do not have to come the control of the issue quired in connection with or a ction having such purpose or expressions and to the first that the information set for and correct.	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any ffect.  Signature best of my knowledge and belief, orth in this statement is true,  STATE FARM MUTUAL AUTOMOBILE
for the influer not according transact	ed in the ordinary course of be purpose of and do not have to come the control of the issue quired in connection with or a ction having such purpose or expressions and to the first that the information set for and correct.	usiness and were not acquired he effect of changing or r of such securities and were s a participant in any ffect.  Signature best of my knowledge and belief, orth in this statement is true,  STATE FARM MUTUAL AUTOMOBILE  INSURANCE COMPANY

CORP.

See Exhibit A attached.

EMPLOYEE RETIREMENT TRUST

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
11 12

## 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".

Name	Classificatio Under Item 3	Number of Shares based n on Proceeds of Sale
State Farm Mutual Automobile Insurance Compa	-	16,643,742 shares
State Farm Life Insurance Company	IC	366,823 shares
State Farm Fire and Casualty Company	IC	2,610,561 shares
State Farm Investment Management Corp.	IA	0 shares
State Farm Associates Funds Trust - State		
Farm Growth Fund	IV	652,500 shares
State Farm Associates Funds Trust - State		
Farm Balanced Fund	IV	130,600 shares
State Farm Variable Product Trust	IV	9,519 shares
State Farm International Life Insurance		
Company Ltd.	IV	0 shares
State Farm Insurance Companies Employee		
Retirement Trust	EP	1,529,929 shares
State Farm Insurance Companies Savings and		
Thrift Plan for U.S. Employees	EP	
Equities Account		944,600 shares
Balanced Account		397,100 shares
State Farm Mutual Fund Trust	IV	20,405 shares
		23,305,779 shares
		. ,

(Back To Top)