

HELMERICH & PAYNE INC
Form SC 13G/A
February 07, 2002

Schedule 13G/A

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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.)*
17

HELMERICH & PAYNE, INC.

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

423452101

(Cusip Number)
12/31/2001

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- 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

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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).

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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

5. Sole Voting Power: 4,128,600 Shares Beneficially Owned by Each Reporting Person With 6. Shared Voting Power: 0 7. Sole Dispositive Power: 4,128,600 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,128,600

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

11. Percent of Class Represented by Amount in Row 9: 8.28 %

12. Type of Reporting Person: IC

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CUSIP No. 423452101

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

5. Sole Voting Power: 0 Shares Beneficially Owned by Each Reporting Person With 6. Shared Voting Power: 0 7. Sole Dispositive Power: 0 8. Shared Dispositive Power: 6,600

9. Aggregate Amount Beneficially Owned by each Reporting Person: 6,600

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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: IC

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Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices:

HELMERICH & PAYNE, INC.
UTICA AT TWENTY-FIRST ST.
TULSA, OKLA 74114

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: 4,135,200 shares

Item 4(b). Percent of Class: 8.29 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: 4,128,600
- (ii) Shared power to vote or to direct the vote: 0
- (iii) Sole Power to dispose or to direct disposition of: 4,128,600
- (iv) Shared Power to dispose or to direct disposition of: 6,600

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:

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See Exhibit A attached.

Item 9. Notice of Dissolution of Group: N/A

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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.

01/31/2002

Date

STATE FARM MUTUAL AUTOMOBILE

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

STATE FARM VARIABLE PRODUCT TRUST

/s/ Paul N. Eckley

/s/ Paul N. Eckley

Paul N. Eckley, Fiduciary of each of the above

Paul N. Eckley, Vice President of each of the above

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Farm Growth Fund	IV	0 shares
State Farm Associates Funds Trust - State		
Farm Balanced Fund	IV	0 shares
State Farm Variable Product Trust	IV	0 shares
State Farm Insurance Companies Employee		
Retirement Trust	EP	0 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	6,600 shares

		4,135,200 shares