APTARGROUP INC Form SC 13G February 12, 2014 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. ____)* 18

APTARGROUP, INC.

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

038336103

(Cusip Number) 12/31/2013

(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). Schedule 13G Page _____ of ____ Pag

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CUSIP No. ___038336103

- Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Automobile Insurance Company 37-0533100

3. SEC USE ONLY:

Shares

Reporting

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 3,814,264

Beneficially 6. Shared Voting Power: 0 Owned by

Each 7. Sole Dispositive Power: 3,814,264

Person With 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 3,814,264

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

11. Percent of Class Represented by Amount in Row 9: 5.83 %

12. Type of Reporting Person: IC

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CUSIP No. ___038336103

- 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

9. Aggregate Amount Beneficially Owned by each Reporting Person: 270,400

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

11. Percent o	of Class Represented by Amount in Row	- 9: 0.41 %
12. Type of H	Reporting Person: IC	-
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CUSIP No(
	Reporting Person and I.R.S. Identifica rm Investment Management Corp.	tion No.:
2. Check the (a) (b)X_	e appropriate box if a Member of a Gro - -	- pup
3. SEC USE (DNLY:	-
4. Citizensł	nip or Place of Organization: Delaware	-
Number of Shares	5. Sole Voting Power: 811,505	-
	6. Shared Voting Power: 0	
Each	7. Sole Dispositive Power: 811,505	
Reporting Person With	8. Shared Dispositive Power: 0	
9. Aggregate	e Amount Beneficially Owned by each Re	- eporting Person: 811,505
10. Check Box	x if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11. Percent o	of Class Represented by Amount in Row	9: 1.24 %
12. Type of H	Reporting Person: IA	-
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CUSIP No(
	Reporting Person and I.R.S. Identifica cm Insurance Companies Employee Retire	
2. Check the (a) (b)X	_	- Jup
3. SEC USE (DNLY:	-
4. Citizensk	nip or Place of Organization: Illinois	-
Number of Shares	5. Sole Voting Power: 659,900	-
Beneficially Owned by	6. Shared Voting Power: 0	
Each Reporting	7. Sole Dispositive Power: 659,900	
Person With	8. Shared Dispositive Power: 0	

9. Aggregate Amount Beneficially Owned by each Reporting Person: 659,900

10.	Check Box	: if the Aggregate Am	nount in Row 9 ex	cludes Certain Shares:
11.	Percent o	of Class Represented	by Amount in Row	v 9: 1.00 %
12.	Type of H	Reporting Person: EP		_
Sch	nedule 13G			Page of Pages
CUSI	IP No(
1.	State Fai	Reporting Person and cm Insurance Companie byees 37-6091823		
2.	Check the (a) (b)X		a Member of a Gr	coup
3.	SEC USE (DNLY:		_
4.	Citizensł	nip or Place of Orgar	nization: Illinoi	 LS
	nber of	5. Sole Voting Powe	er: 888,100	_
Ber	-	6. Shared Voting Po	ower: 0	
Eac		7. Sole Dispositive	e Power: 888,100	
-	oorting son With	8. Shared Dispositi	lve Power: 0	
9.	Aggregate	Amount Beneficially	y Owned by each F	
10.	Check Box	: if the Aggregate Am	nount in Row 9 ex	 ccludes Certain Shares:
11.	Percent o	of Class Represented	by Amount in Row	 √ 9: 1.35 %
12.	Type of H	Reporting Person: EP		_
Sch	nedule 13G			Page of Pages 7 10
Item	n 1(a) and	(b). Name and Addre	ess of Issuer & P	Principal Executive Offices
		APTARGROUP, INC 475 WEST TERRA SUITE E CRYSTAL LAKE, I	COTTA AVE.	
Item	n 2(a). Na	me of Person Filing:	: State Farm Mutu	al Automobile Insurance
			Company and rel and Exhibit A	lated entities; See Item 8
Item	n 2(b). Ac	ldress of Principal E	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).

Item 4(a). Amount Beneficially Owned: 6,444,169 shares

Item 4(b). Percent of Class: 9.85 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: 6,444,169
(ii) Shared power to vote or to direct the vote: 0
(iii) Sole Power to dispose or to direct disposition of: 6,444,169
(iv) Shared Power to dispose or to direct disposition of: 0

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: $\ensuremath{\text{N/A}}$
- 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:
- 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.

02/05/2014

STATE FARM MUTUAL AUTOMOBILE

Date

STATE FARM INSURANCE COMPANIES

SAVINGS AND THRIFT PLAN FOR

U.S. EMPLOYEES

EMPLOYEE RETIREMENT TRUST

INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY COMPANY

STATE FARM INVESTMENT MANAGEMENT CORP.

STATE FARM INSURANCE COMPANIES 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 9 10

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".

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Name	Classification Under Item 3 		1
State Farm Mutual Automobile Insurance Compa	ny IC	3,814,264 shar	res
State Farm Life Insurance Company	IC	270,400 shar	
State Farm Fire and Casualty Company	IC	0 shar	res
State Farm Investment Management Corp.	IA	0 shar	res
State Farm Associates Funds Trust – State			
Farm Growth Fund	IV	677 , 405 shar	res
State Farm Associates Funds Trust - State			
Farm Balanced Fund	IV	134,100 shar	res
State Farm International Life Insurance			
Company Ltd.	IV	0 shar	res
State Farm Insurance Companies Employee			
Retirement Trust	EP	659,900 shar	ces
State Farm Insurance Companies Savings and			
Thrift Plan for U.S. Employees	EP		
Equities Account		610,800 shar	ces
Balanced Account		277,300 shar	ces
State Farm Mutual Fund Trust	IV	0 shar	ces
		6,444,169 shar	res