1. Name and Address of Reporting Person
STATE FARM MUTUAL AUTOMOBILE INSURANCE CO

(Street) ONE STATE FARM PLAZA

(City) BLOOMINGTON IL (State) 61710

2. Date of Event Requiring Statement (Month/Day/Year)
08/09/2023

3. Issuer Name and Ticker or Trading Symbol
NUCOR CORP [ NUE ]

4. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director X
   10% Owner
   Officer (give title below)
   Other (specify below)

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing
   (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>23,538,100</td>
<td>D</td>
<td>State Farm Fire and Casualty Company (see Footnote 1)</td>
</tr>
<tr>
<td>Common Stock</td>
<td>2,814,165</td>
<td>I</td>
<td>State Farm Life Insurance Company (see Footnote 2)</td>
</tr>
<tr>
<td>Common Stock</td>
<td>546,351</td>
<td>I</td>
<td>State Farm Life and Accident Assurance Company (see Footnote 3)</td>
</tr>
<tr>
<td>Common Stock</td>
<td>2,293</td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price or Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. 1 - The common stock beneficially owned by State Farm Mutual Automobile Insurance Company is directly owned by State Farm Fire and Casualty Company, a wholly-owned subsidiary of State Farm Mutual Automobile Insurance Company.
2. 2 - The common stock beneficially owned by State Farm Mutual Automobile Insurance Company is directly owned by State Farm Life Insurance Company, a wholly-owned subsidiary of State Farm Mutual Automobile Insurance Company.
3. 3 - The common stock beneficially owned by State Farm Mutual Automobile Insurance Company is directly owned by State Farm Life and Accident Assurance Company, a wholly-owned subsidiary of State Farm Life Insurance Company. State Farm Life Insurance Company is a wholly-owned subsidiary of State Farm Mutual Automobile Insurance Company.

Remarks:
The obligation to file this Form 3 was triggered as a result of a reduction in outstanding shares of the Issuer reported in the Issuer's Form 10-Q dated August 9, 2023.

/s/ Joseph P. Young, Senior Vice President and Chief Investment Officer 08/14/2023
** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB...