

OMB APPROVAL	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>STATE FARM MUTUAL</u> <u>AUTOMOBILE INSURANCE CO</u> (Last) (First) (Middle) <u>ONE STATE FARM PLAZA</u> (Street) <u>BLOOMINGTON IL</u> <u>61710</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>NUCOR CORP [NUE]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>08/10/2023</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		
Rule 10b5-1(c) Transaction Indication <input type="checkbox"/> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	08/10/2023		P		39,641	D	\$168.0153	21,498,459	D	
Common Stock								2,814,165	I	State Farm Fire and Casualty Company (see Footnote 1) ⁽¹⁾
Common Stock								546,351	I	State Farm Life Insurance Company (see Footnote 2) ⁽²⁾
Common Stock								2,293	I	State Farm Life and Accident Assurance Company (see Footnote 3) ⁽³⁾

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)					

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 4 was triggered as a result of State Farm Mutual Automobile Insurance Company's disposition of shares reducing its ownership percentage below 10% of the 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 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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 Number.