

DEERE & CO
Form SC 13G/A
February 14, 2017

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT

TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED

PURSUANT TO § 240.13d-2

(Amendment No. 1)

DEERE & COMPANY

(Name of Issuer)

COMMON STOCK

(Title of Class of Securities)

244199105

(CUSIP Number)

December 31, 2016

(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 disclosures provided in a prior cover page.

The information required on 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 (the 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.)

CUSIP No. 244199105

13G

Page 2 of 21 Pages

1 NAME OF REPORTING PERSON

Warren E. Buffett

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States Citizen

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

NONE

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES

11 **Not Applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

IN

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

Berkshire Hathaway Inc.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Delaware

5 SOLE VOTING POWER**NUMBER OF****SHARES**

NONE

6 SHARED VOTING POWER**BENEFICIALLY****OWNED BY**

NONE

EACH**7 SOLE DISPOSITIVE POWER****REPORTING****PERSON**

NONE

8 SHARED DISPOSITIVE POWER**WITH**

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

HC, CO

CUSIP No. 244199105

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1 NAME OF REPORTING PERSON

National Indemnity Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

NONE

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

IC, CO

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

GEICO Corporation

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY NONE

EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES

11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

HC, CO

CUSIP No. 244199105

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1 NAME OF REPORTING PERSON

Government Employees Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Maryland

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

NONE

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

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11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

IC, CO

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

National Fire & Marine Insurance Company

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Nebraska

5 SOLE VOTING POWER

NUMBER OF

SHARES NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY NONE

EACH **7 SOLE DISPOSITIVE POWER**

REPORTING

PERSON NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

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NONE

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PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

HC, CO

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

The Buffalo News Drivers/Distributors Pension Plan

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of New York

5 SOLE VOTING POWER**NUMBER OF****SHARES**

NONE

6 SHARED VOTING POWER**BENEFICIALLY****OWNED BY**

NONE

EACH**7 SOLE DISPOSITIVE POWER****REPORTING****PERSON**

NONE

8 SHARED DISPOSITIVE POWER**WITH**

NONE

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NONE

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11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

EP

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

Buffalo News Office Pension Plan

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of New York

5 SOLE VOTING POWER**NUMBER OF****SHARES**

NONE

6 SHARED VOTING POWER**BENEFICIALLY****OWNED BY**

NONE

EACH**7 SOLE DISPOSITIVE POWER****REPORTING****PERSON**

NONE

8 SHARED DISPOSITIVE POWER**WITH**

NONE

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NONE

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PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

EP

CUSIP No. 244199105

13G

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1 NAME OF REPORTING PERSON

Fruit of the Loom Pension Trust

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES

NONE

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

NONE

7 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

NONE

8 SHARED DISPOSITIVE POWER

WITH

NONE

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NONE

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PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

EP

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1 NAME OF REPORTING PERSON

GEICO Corporation Pension Plan Trust

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Delaware

5 SOLE VOTING POWER**NUMBER OF****SHARES**

NONE

6 SHARED VOTING POWER**BENEFICIALLY****OWNED BY**

NONE

EACH**7 SOLE DISPOSITIVE POWER****REPORTING****PERSON**

NONE

8 SHARED DISPOSITIVE POWER**WITH**

NONE

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

NONE

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11 **Not applicable.**
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0%
TYPE OF REPORTING PERSON

EP

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1 NAME OF REPORTING PERSON

Dexter Pension Plan

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) (b)

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

NUMBER OF 5 SOLE VOTING POWER

SHARES

BENEFICIALLY NONE

6 SHARED VOTING POWER

OWNED BY

EACH

NO

REPORTING

PERSON

WITH