

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

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**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**

**Not Applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0%

**12 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

**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**

HC, CO

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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



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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

**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**

HC, CO

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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

**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

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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

**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

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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

**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**

EP



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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

**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**

EP

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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

**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**

EP

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13G

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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

**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**

EP

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13G

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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**