Shares

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. ____)*

LATTICE SEMICONDUCTOR CORPORATION						
(Name of Issuer)						
COMMON SHARES						
(Title of Class of Securities)						
518415104						
(Cusip Number)						
12/31/2001						
(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 Pages						
CUSIP No518415104						
1. Name of Reporting Person and I.R.S. Identification No.: State Farm Mutual Automobile Insurance Company 37-0533100						
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						
Number of 5. Sole Voting Power: 6,500,000						

	,	6. Shared Voting Power: 0
Eac		7. Sole Dispositive Power: 6,500,000
	orting son With	8. Shared Dispositive Power: 0
9.	Aggregat	e Amount Beneficially Owned by each Reporting Person: 6,500,000
10.	Check Bo	x if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent	of Class Represented by Amount in Row 9: 5.94 %
12.	Type of	Reporting Person: IC
Sch	edule 13G	Page of Pages
CUSI	P No	518415104
1.		Reporting Person and I.R.S. Identification No.: rm Mutual Fund Trust
2.	Check the (a)(b)X_	
3.	SEC USE	ONLY:
4.	Citizens	hip or Place of Organization:
	ber of	5. Sole Voting Power: 3,900
Ben		6. Shared Voting Power: 0
Eac	_	7. Sole Dispositive Power: 3,900
	orting son With	8. Shared Dispositive Power: 0
9.	Aggregat	e Amount Beneficially Owned by each Reporting Person: 3,900
10.	Check Bo	x if the Aggregate Amount in Row 9 excludes Certain Shares:
11.	Percent	of Class Represented by Amount in Row 9: 0.00 %
12.	Type of	Reporting Person: IV
Sch	edule 13G	Page of Pages 7
Item	1(a) and	(b). Name and Address of Issuer & Principal Executive Offices:
		LATTICE SEMICONDUCTOR CORPORATION 5555 NE MOORE COURT HILLSBORO, OR 97124-6421
Item	2(a). N	ame of Person Filing: State Farm Mutual Automobile Insurance
	_	Company and related entities; See Item 8 and Exhibit A
Item	2(b). A	ddress of Principal Business Office: One State Farm Plaza
	_	Bloomington, IL 61710
Item	2(c). C	itizenship: 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).
	See	Exhibit A attached.
Item	4(a). A	mount Beneficially Owned: 6,503,900 shares

tem 4(c). Number of shares as to whi	ich such person has:					
(ii) Shared power to vote ((iii) Sole Power to dispose	to direct the vote: 6,503,900 or to direct the vote: e or to direct disposition of: 6,503,900 se or to direct disposition of:					
tem 5. Ownership of Five Percent or	less of a Class: Not Applicable.					
tem 6. Ownership of More than Five F	Percent on Behalf of Another Person: N/A					
tem 7. Identification and Classifica	Identification and Classification of the Subsidiary Which Acquired					
the Security being Reported o	the Security being Reported on by the Parent Holding Company: N/A					
tem 8. Identification and Classifica	Identification and Classification of Members of the Group:					
See Exhibit A attached.	See Exhibit A attached.					
tem 9. Notice of Dissolution of Grou	up: N/A					
Schedule 13G	Page of Pages					
not acquired in connection with or a transaction having such purpose or e						
After reasonable inquiry and to the I certify that the information set to complete and correct.						
I certify that the information set i	best of my knowledge and belief,					
I certify that the information set to complete and correct.	best of my knowledge and belief, forth in this statement is true,					
I certify that the information set to complete and correct. 01/26/2002	best of my knowledge and belief, forth in this statement is true, STATE FARM MUTUAL AUTOMOBILE					
I certify that the information set to complete and correct. 01/26/2002	best of my knowledge and belief, forth in this statement is true, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY					
I certify that the information set to complete and correct. 01/26/2002	best of my knowledge and belief, forth in this statement is true, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR	best of my knowledge and belief, forth in this statement is true, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND STATE FARM MUTUAL FUND TRUST					
I certify that the information set is complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR U.S. EMPLOYEES /s/ Paul N. Eckley	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND STATE FARM MUTUAL FUND TRUST STATE FARM VARIABLE PRODUCT TRUST					
I certify that the information set to complete and correct. 01/26/2002 Date STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR U.S. EMPLOYEES	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY STATE FARM LIFE INSURANCE COMPANY STATE FARM FIRE AND CASUALTY COMPANY STATE FARM INVESTMENT MANAGEMENT CORP. STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND STATE FARM MUTUAL FUND TRUST STATE FARM VARIABLE PRODUCT TRUST					

This Exhibit lists the entities affiliated with State Farm Mutual Automobile Insurance Company which might be deemed to constitute a "group" with regard to the ownership of shares reported herein. By way of explanation, State Farm Mutual Automobile Insurance Company is the parent of wholly owned subsidiaries, State Farm Life Insurance Company, which is the parent of the wholly owned subsidiary State Farm Life and Accident Assurance Company; State Farm Fire and Casualty Company; and, State Farm Investment Management Corp. State Farm Investment Management Corp. acts as the investment advisor to State Farm Associates Funds Trust - State Farm Growth Fund and State Farm Associates Funds Trust - State Farm Balanced Fund , State Farm Variable Product Trust, and State Farm Mutual Fund Trust. The Investment Committees of the Board of Directors of each of the insurance companies and of the State Farm Investment Management Corp. and the Trustees of the State Farm Insurance Companies Employee Retirement Trust, State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees, State Farm Variable Product Trust, and State Farm Mutual Fund Trust are vested with the responsibility for investing the assets of the companies, the Funds, the Trusts, and the Equities Account and the Balanced Account of the State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees. State Farm Mutual Automobile Insurance Company employs all personnel of the Investment Department. State Farm Investment Management Corp. has a written agreement with State Farm Mutual Automobile Insurance Company whereby the Investment Department personnel assist State Farm Investment Management Corp. in its duties as investment advisor to the Funds, State Farm Variable Product Trust, and State Farm Mutual Fund Trust. Investment actions taken by the Investment Department are ratified by the Investment Committees of the Boards of Directors of the insurance companies and State Farm Investment Management Corp. and by the Trustees of the Trusts and the Plan. Certain members of the Investment Department also execute voting proxies from time to time but in situations where a vote contrary to that of management on a major policy matter is under consideration, approval of the Investment Committees of the Boards of Directors of the Companies involved is first obtained.

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".

Schedule 13G	I	Page7	of	_ Pages
Name 		fication Item 3	Number Shares I on Proce of Sa	pased eeds
State Farm Mutual Automobile Insurance Compa	ny IC		6,500,000	shares
State Farm Life Insurance Company	IC		-	shares
State Farm Life and Accident Assurance Compa	,			shares
State Farm Fire and Casualty Company	IC		-	shares
State Farm Investment Management Corp. State Farm Associates Funds Trust - State	IA		0	shares
Farm Growth Fund	IV		0	shares
State Farm Associates Funds Trust - State				
Farm Balanced Fund	IV		0	shares
State Farm Variable Product Trust State Farm Insurance Companies Employee	IV		0	shares
Retirement Trust	EP		0	shares
State Farm Insurance Companies Savings and				
Thrift Plan for U.S. Employees	EP			
Equities Account			-	shares
Balanced Account				shares
State Farm Mutual Fund Trust	IV		3,900	shares
			6,503,900	shares