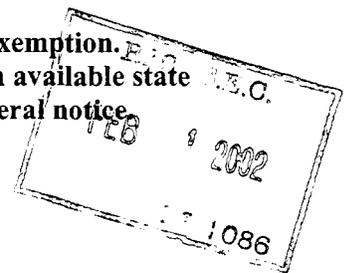


21-31518-9C

SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



02012526

PROCESSED

MAR 22 2002

THOMSON FINANCIAL

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response . . . 1

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

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Deere & Company Commercial Paper Notes

Filing Under (Check box(es) that apply) [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULOE

Type of Filing: [ ] New Filing [X] Amendment

315189

Handwritten signature

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  
Deere & Company

Address of Executive Offices (Number and Street, City, State, Zip Code) One John Deere Place, Moline, IL 61265	Telephone Number (Including Area Code) 309-765-4000
---	--

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
--	--

Brief Description of Business  
Manufacturing of agricultural, construction and commercial and consumer equipment

Type of Business Organization

corporation                       limited partnership, already formed                       other (please specify):  
 business trust                       limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization	Month April	Year 1958	<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
---	----------------	--------------	---

Jurisdiction of Incorporation or Organization:                      (Enter two-letter U.S. Postal Service abbreviation for State: DE  
CN for Canada; FN for other foreign jurisdiction)

**GENERAL INSTRUCTIONS**

**Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

*When to File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Block, John R.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Bowles, Crandall C.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Dunnigan, T. Kevin

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Hadley, Leonard A.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Herzlinger, Regina E.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Kelly, Arthur L

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Lane, Robert W.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Madero B, Antonio

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Patrick, Thomas H.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Stafford, John R.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Walter, John R.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Weber, Arnold R.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One John Deere Place, Moline, Illinois 61265

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Jones, Nathan J.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Jabanoski, James R.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Nelson, R. David

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Schwartz, Dennis R.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Ziegler, Marie Z.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Lawson, John K.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Purvis, David M.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Linke, Curtis G.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Siefkas, Kirk E.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Moulds, Robert E.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

---

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Allen, Samuel R.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

---

Full Name (Last name first, if individual)

Bontems, G. Bart

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Hornbuckle, Merroe B.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Jenkins, James R.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Clarke, Wade P. Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Dort, Dean R. II

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Everitt, David C.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Markley, H. J.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partnership issuers.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Stamp, Charles R. Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Leroy, Pierre E.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Orr, Michael P.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Jenkins, John J.

Business or Residence Address (Number and Street, City, State, Zip Code)

One John Deere Place, Moline, Illinois 61265

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

- 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... Yes No  
 Answer also in Appendix, Column 2, if filing under ULOE. [ ] [ X ]
- 2. What is the minimum investment that will be accepted from any individual? ..... \$ 250,000 \_\_\_\_\_
- 3. Does the offering permit joint ownership of a single unit? ..... Yes No  
 [ ] [ X ]
- 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)  
 Credit Suisse First Boston Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)  
 11 Madison Avenue, New York, New York 10010

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) ..... [ X ] All States

- [AL]
- [AK]
- [AZ]
- [AR]
- [CA]
- [CO]
- [CT]
- [DE]
- [DC]
- [FL]
- [GA]
- [HI]
- ID
- [IL]
- [IN]
- [IA]
- [KS]
- [KY]
- [LA]
- [ME]
- [MD]
- [MA]
- [MI]
- [MN]
- [MS]
- [MO]
- [MT]
- [NE]
- [NV]
- [NH]
- [NJ]
- [NM]
- [NY]
- [NC]
- [ND]
- [OH]
- [OK]
- [OR]
- [PA]
- [RI]
- [SC]
- [SD]
- [TN]
- [TX]
- [UT]
- [VT]
- [VA]
- [WA]
- [WV]
- [WI]
- [WY]
- [PR]

Full Name (Last name first, if individual)  
 Goldman, Sachs & Co.

Business or Residence Address (Number and Street, City, State, Zip Code)  
 85 Broad Street, New York, New York 10004

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) ..... [ X ] All States

- [AL]
- [AK]
- [AZ]
- [AR]
- [CA]
- [CO]
- [CT]
- [DE]
- [DC]
- [FL]
- [GA]
- [HI]
- ID
- [IL]
- [IN]
- [IA]
- [KS]
- [KY]
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- [UT]
- [VT]
- [VA]
- [WA]
- [WV]
- [WI]
- [WY]
- [PR]

Full Name (Last name first, if individual)  
 Merrill Lynch & Co.

Business or Residence Address (Number and Street, City, State, Zip Code)  
 4 World Financial Center, 7<sup>th</sup> Floor, New York, New York 10080

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States) ..... [ X ] All States

- [AL]
- [AK]
- [AZ]
- [AR]
- [CA]
- [CO]
- [CT]
- [DE]
- [DC]
- [FL]
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- [IN]
- [IA]
- [KS]
- [KY]
- [LA]
- [ME]
- [MD]
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- [MN]
- [MS]
- [MO]
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- [NE]
- [NV]
- [NH]
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- [NY]
- [NC]
- [ND]
- [OH]
- [OK]
- [OR]
- [PA]
- [RI]
- [SC]
- [SD]
- [TN]
- [TX]
- [UT]
- [VT]
- [VA]
- [WA]
- [WV]
- [WI]
- [WY]
- [PR]

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... Yes No  
 Answer also in Appendix, Column 2, if filing under ULOE. [ ] [ X ]
2. What is the minimum investment that will be accepted from any individual? ..... \$ 250,000 \_\_\_\_\_
3. Does the offering permit joint ownership of a single unit? ..... Yes No  
 [ ] [ X ]
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

J. P. Morgan

Business or Residence Address (Number and Street, City, State, Zip Code)

270 Park Ave., 9<sup>th</sup> Floor, New York, New York 10017-2070

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Salomon Smith Barney Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

390 Greenwich Street, 4<sup>th</sup> Floor, New York, New York 10013

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero."  
If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$2,500,000,000*	\$250,000,000__
Equity	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify _____).	\$ _____	\$ _____
Total.....	\$2,500,000,000	\$250,000,000__

Answer also in Appendix, Column 3, if filing under ULOE.

\*This is a continuous CP program. Figure represents estimated aggregate gross proceeds expected to be generated over five years.

2. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	11	\$250,000,000__
Non-accredited Investors.....	N/A	\$ N/A__
Total (for filings under Rule 504 only).....	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total .....	_____	\$ _____

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Answers to 4.a. are estimated five year amounts.

Transfer Agent's Fees.....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs.....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 100,000
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	\$ 1,250,000
Other Expenses (identify)___ Trustee Fees_____	<input checked="" type="checkbox"/>	\$ 25,000
Total.....	<input checked="" type="checkbox"/>	\$ 1,375,000

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Questions 4.a.

This difference is the "adjusted gross proceeds to the issuer." ..... \$ 2,498,625,000 \_\_\_\_\_

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$499,725,000
Repayment of indebtedness .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>General corporate purposes</u> .....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$1,998,900,000
Column Totals .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$2,498,625,000
Total Payments Listed (column totals added .....		<input checked="" type="checkbox"/> \$2,498,625,000

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Deere & Company	Signature 	Date
Name of Signer (Print or Type) <u>James R. Jabanoski</u>	Title (Print or Type) <u>Vice President and Treasurer</u>	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal crime violations.  
(See 18 U.S.C. 1001.)**