

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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* <b>STATE FARM MUTUAL AUTOMOBILE INSURANCE CO</b>  (Last) (First) (Middle) <b>ONE STATE FARM PLAZA</b>  (Street) <b>BLOOMINGTON IL 61710-0001</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>METABOLIX, INC. [ MBLX ]</b>	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) <b>11/15/2006</b>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**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	11/15/2006		C		1,769,782	A	(1)	1,769,782	D	

**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)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Series C Preferred Stock	(1)	11/15/2006		C			102,162	(1)	(1)	Common Stock	102,162	(1)	0	D	
Series D Preferred Stock	(1)	11/15/2006		C			355,525	(1)	(1)	Common Stock	355,525	(1)	0	D	
Series E Preferred Stock	(1)	11/15/2006		C			35,961	(1)	(1)	Common Stock	35,961	(1)	0	D	
Series F Preferred Stock	(1)	11/15/2006		C			16,077	(1)	(1)	Common Stock	16,077	(1)	0	D	
Series G Preferred Stock	(1)	11/15/2006		C			34,081	(1)	(1)	Common Stock	34,081	(1)	0	D	
Series 04 Preferred Stock	(1)	11/15/2006		C			1,002,734	(1)	(1)	Common Stock	1,002,734	(1)	0	D	
Series 04 Preferred Stock	(1)	11/15/2006		C			90,811	(1)	(1)	Common Stock	90,811	(1)	0	D	
Series 05 Preferred Stock	(1)	11/15/2006		C			132,431	(1)	(1)	Common Stock	132,431	(1)	0	D	

**Explanation of Responses:**

1. The Issuer's preferred stock automatically converted into Common Stock on a one-for-one basis on November 15, 2006, the closing of the Issuer's initial public offering.

/s/ Michael L. Tipsord, Vice  
Chairman, Chief Financial  
Officer & Treasurer on behalf of 11/16/2006  
State Farm Mutual Automobile  
Insurance Company

\*\* 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.