FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					T					_										
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BERGSTROM JOHN F						KIMBERLY CLARK CORP [ KMB ]									Directo	,		10% O	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s	specify	
P.O. BOX 619100						10/02/2007														
		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)						(a.)									Line)					
DALLAS TX 75261-910			75261-9100	0									X Form filed by One Reporting Person							
														Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																			
		Tab	le I - Non-	-Deriva	tive	Se	curitie	s Ac	quired, I	Disp	osed o	of, or Be	nefic	ially	Owned	k				
1. Title of	Security (Inst	tr. 3)		2. Transa	ction		2A. Deem		3.			ities Acquir			5. Amou				7. Nature	
		•		Date (Month/Da	Execution Date ay/Year) if any			e, Transaction Disposed Of (D) Code (Instr. 5)			d Of (D) (In:	str. 3, 4						of Indirect Beneficial		
`				•		-	(Month/Day/Yea		ar) 8)				Owned Reporte					Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		се	Transac (Instr. 3	ction(s)			(		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
									, option											
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any	ate, Ti	4. Transaction Code (Instr. 8)		ion of		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)  (Morth/Day/Year)  (Instr. 3 and 4)				f	D	Price of erivative ecurity	9. Number of derivative Securities		10. Ownership Form:	11. Nature of Indirect Beneficial	
(Instr. 3)	Price of Derivative Security		(Month/Day/										g Securi	ty (Instr. 5)		Beneficially Owned Following		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	Security						Disposed of (D)		(,							Reported Transaction(s)		(,, (,		
						(Instr. 3, 4 and 5)										(Instr. 4)				
										Т			Amou	nt						
													or Numb	er						
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Share	s						
Restricted Share Units	\$0 <sup>(1)</sup>	10/02/2007			A		71.69		(1)		(1)	Common Stock	71.6	9	\$0 <sup>(1)</sup>	9,644.5	2	D		

## **Explanation of Responses:**

1. Represents restricted share units, payable on a 1-for-1 basis, granted under the Kimberly-Clark Corporation Outside Directors' Compensation Plan. Additional restricted share units are accrued based on dividends paid on the Corporation's common stock. The restricted share units may not be sold or transferred until the reporting person ceases to be a member of the Corporation's Board of Directors.

## Remarks:

/s/ John W. Wesley as attorneyin-fact for John F. Bergstrom

\*\* 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.