FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Name and Address of Reporting Person* Fenske Tamera			2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [KMB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) P.O. BOX 619100				3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023								X	below)	cer (give title ow)		10% Owne Other (spec below) Chain Officer	
(Street) DALLAS	pet)			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									the				
		Table I -	Non-Deriv	vative S	ecurit	ies Ad	quire	d, Dis	pos	ed of, or	Benef	icially O	wned				
Date			2. Transa Date (Month/D	Execution Date		n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Securities Beneficially Following F	Securities Beneficially Owned		Direct Ir Indirect B tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	· v	Amo	unt	(A) or (D)	Price		(Instr. 3 and 4)			1150.4)
Common Stock			10/31/	/2023		M		4,	162(1)	Α	\$0.0000(2	4,16	52		D		
Common Stock 10/31/				/2023		F (3)		1	,878	D	\$119.64	9.64 2,284		34 D			
		Table	e II - Deriva (e.g., p							d of, or E ertible s			ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ersion care (Month/Day/Year) in (Month/Day/Year) in (Month/Day/Year) in (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	, Transaction Code (Instr.		nber of tive ties red (A) posed (Instr. d 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			nt of ties	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefic Owned Followin Reporte Transac	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e V	(A) (D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r	(Instr. 4)			
Restricted Share Units 10/31/2022(w/Dividends	(2)	10/31/2023		M			,162 ⁽¹⁾	(4)	,	(4)	Comm	on 4,162	\$0.0000(2)	8,3	25	D	

Explanation of Responses:

- 1. Represents restricted share units that have vested and are paid out in shares of common stock. Includes restricted share units which were accrued based on dividends paid on the Corporation's common stock.
- 2. Represents restricted share units payable on a 1-for-1 basis, granted under the Kimberly-Clark Corporation Equity Participation Plan. Additional restricted share units are accrued based on dividends paid on the Corporation's common stock and will be paid in shares at the end of the vesting period.
- 3. This transaction represents the automatic surrender of shares to the issuer upon vesting of time-based restricted share units to satisfy the reporting person's tax withholding obligations.
- 4. The restricted share units vest in one-third increments on each of the first through third anniversaries of the grant date.

Jeffrey S. McFall as attorney-infact for Tamera Fenske

11/01/2023

** 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.