## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  FALK THOMAS J				2. Issuer Name and Ticker or Trading Symbol  KIMBERLY CLARK CORP [ KMB ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019									X		Officer (give title below)  Executive Chairman			
(Street) DALLAS TX 75261-9100				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	,				
(City)	(St		zip) <b>e I - No</b>	n-Deriva	ative :	Secu	urities	Aco	guired	, Dis	sposed o	of, o	r Ben	efic	ially				
1. Title of Security (Instr. 3)		2. Transact	2. Transaction		2A. Deemed Execution Date,		3. 4. 9		4. Securitie	Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 a			.	5. Amount of Securities Beneficially Owned Follov		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Pric	e		ted action(s) 3 and 4)		(Instr. 4)	
Common	Stock			02/28/2	2019				A		61,497(1	1)	A <sup>(1)</sup>	\$0.	.0000	6	1,497	D	
Common	Stock			02/28/2	2019				F <sup>(2)</sup>		24,200		D	\$ <u>1</u> 1	16.83	3	7,297	D	
Common	Stock															15,	309.292	I	401(k) and Profit Sharing Plan <sup>(3)</sup>
Common	Common Stock														640,269		I	Held by TKM II, Ltd. <sup>(4)</sup>	
Common	Stock															g	9,411	I	Held by TKM, Ltd. <sup>(5)</sup>
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any			4. Fransac Code (In			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	Deriv Secu (Inst		ive derivative y Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A) (I	D)	Date Exercisa	able	Expiration Date	Titl	of	mber ares					

## **Explanation of Responses:**

- 1. Represents performance-based restricted share units that have vested and are paid out in shares of common stock and includes restricted share units which were accrued based on dividends paid on the Corporation's common stock.
- 2. This transaction represents the automatic surrender of shares to the issuer upon vesting of performance-based restricted shares units to satisfy the reporting person's tax withholding obligations.
- 3. Shares are held by the trustee of the Kimberly-Clark Corporation 401(k) and Profit Sharing Plan and beneficially owned by the reporting person as of recent practicable date.
- 4. TKM II, Ltd. is a family limited partnership which is owned by (i) an entity controlled by the reporting person and his spouse as general partner, and (ii) the reporting person and his spouse as limited
- 5. TKM, Ltd. is a family limited partnership which is owned by (i) an entity controlled by the reporting person and his spouse as general partner and (ii) two family trusts previously established for the benefit of the reporting person's son as limited partners.

/s/ Jeffrey S. McFall as attorney-in-fact for Thomas J. 03/04/2019 **Falk** 

\*\* 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.