FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	20540
vasiiiigtoii,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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(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* Khanna Deeptha				<u>K</u>]	2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [KMB]						(Ch	neck all appl	or 10%		6 Owi	ner	
(Last)	(Fi	rst) ((Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2023							Office below		Other (specify below)			
P.O. BOX 619100				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	t)												-,	Form filed by One Reporting Person			
DALLAS	S T	X :	75261-9100										Form filed by More than One Reporting Person				
(City)	(Si	ate) (Zip)	Rı	Rule 10b5-1(c) Transaction Indication						1						
					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.									d to			
		Tabl	e I - Non-Der	ivative	Sec	uritie	es Ac	cquired, C	Disp	osed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date		e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4		Benefic	es ally Following (6. Ownershi Form: Direct D) or Indirect I) (Instr. 4)	t B	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V					Amount	(A) o	(A) or (D) Price		tion(s) and 4)		,	1130.4)
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)	h/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Security Se				5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)				f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares					
Restricted Share Units	\$0.0000(1)	09/13/2023		A		493		(1)		(1)	Common Stock	493	\$0.0000(1)	493	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.

Jeffrey S. McFall as Attorneyin-fact for Deeptha Khanna

09/14/2023

** 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.