FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
ha	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*  Wilkinson Tristram							2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [ KMB ]								tionship of Reporting all applicable) Director Officer (give title		10% Owner Other (spec		
(Last) P.O. BOX	Last) (First) (Middle) P.O. BOX 619100					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019								below)  President		below)			
(Street)  DALLAS				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)																			
		Ta	able I - N	lon-De	erivati	ive S	ecu	rities Ac	quire	d, Di	sposed of,	or Ben	eficially C	wned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						y/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities A Disposed Of (I		5. Amount Securities Beneficially Owned Foll	,	6. Own Form: (D) or I (I) (Inst	Direct Ir ndirect B r. 4) C	. Nature of ndirect eneficial bwnership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Common Stock 05/09/20							019		М		335.1166(1)	A	\$0.0000(2)	5,116.1166			D		
Common Stock 05/09/20						019			F <sup>(3)</sup>		158	D	\$126.4	4,958.3	1166		D		
Common Stock													1,599.	305	I		chareplus chare curchase clans <sup>(4)</sup>		
			Table I							, ,	oosed of, c		•	/ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst				Expi (Mor	ate Exer ration I nth/Day			Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	de V		(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Restricted Share Units 05/09/2018 (w/dividends reinvested)	\$0.0000 <sup>(2)</sup>	05/09/2019		М				335.1166 <sup>(1</sup>	(1) (5)		(5)	Common Stock	335.1166	\$0.0000	670		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 time-based restricted share units payable on a 1-for-1 basis, granted under the Kimberly-Clark Corporation 2011 Equity Participation Plan. Additional restricted share units are accrued based on dividends paid on the Corporation's common stock.
- 3. This transaction represents the automatic surrender of shares to the issuer upon vesting of restricted shares units to satisfy the reporting person's tax withholding obligations.
- 4. Kimberly-Clark Shareplus UK Plan (a tax qualified plan) and the Kimberly-Clark Shareplus Plan (UK Top-Up component)
- 5. 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-in-05/13/2019 fact for Tristram Wilkinson

\*\* Signature of Reporting Person

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.