FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | ON |
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| | OMB APPRO | OVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| ı | Estimated average burd | en |
| | 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* BERGSTROM JOHN F | | | | 2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [KMB] | | | | | | | (Ch | elationship eck all appl X Direct | cable) | g Per | son(s) to Iss 10% Ov | | | | |
|---|--|--|---|---|---------|---|----------|--|---|-------|----------------------|---|---|------------------------|---|---|--------------------|--|---------------------------------------|
| (Last) (First) (Middle) P.O. BOX 619100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2005 | | | | | | | | Office below | (give title | | Other (s below) | specify | |
| (Street) DALLAS (City) | | | 75261-9100 (Zip) |) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | e) X Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (In | Transaction Disposed Of (D) (Instr. 3, 4 | | | | Benefic | es Forn ally (D) o Following (I) (Ir | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | Amount | (A) or (D) Prio | | Price | Transac (Instr. 3 | action(s) | | | (111511.4) | | | | |
| | 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) | 3A. Deemed Execution Da if any (Month/Day/\) | Date, Trans | | | of E | | 5. Date Exercisable Expiration Date Month/Day/Year) | | | e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | ode \ | v | (A) | | Date Exercisable | | xpiration ate | Title | or Nu of | nount imber ares | | | | | |
| Restricted Share Units ⁽¹⁾ | (1) | 10/04/2005 | | | A | | 39.45 | | (1) | | (1) | Commor Stock | 39 | 9.45 | (1) | 5,244.7 | 5 | 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:

John W. Wesley as attorney-infact for John F. Bergstrom

10/06/2005

** 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.