FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APP | ROVAL |
|--|-------------|-------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 |

| - 1 | | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | 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

| Name and Address of Reporting Person* Quarles Christa S | | | | 2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [KMB] | | | | | | | | | k all appli | , | | son(s) to Iss 10% Ov | | | |
|--|--|--|---|---|---|--|--------|---------|--|---------|------------------|---|--------------------------------|--|-----|---|---|--|--|
| (Loot) (Firot) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| (Street) DALLAS (City) | | | 75261-910((Zip) | 0 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Yea | | | | | ay/Year) | | 6. Ind Line) X | | | | | | |
| 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 (I | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | 4 and Securiti Benefic | | es For ially (D) Following (I) (| | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) (D) | r Pr | ice | Transaci (Instr. 3 | tion(s) | | | (III3ti. 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own Forn Dire or In (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Restricted Share Units | \$0.0000(1) | 01/04/2021 | | | A | | 1,349 | | (1) | | (1) | Common Stock | 1,3 | 49 | (1) | 8,668.319 |)5 ⁽²⁾ | D | |

Explanation of Responses:

1. Represents restricted share units, payable on a 1-for-1 basis, granted under the Kimberly-Clark Corporation 2011 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.

2. Includes restricted share units which were accrued based on dividends paid on the Corporation's common stock.

/s/ Jeffrey S. McFall as 01/05/2021 attorney-in-fact for Christa S. **Quarles**

** 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.