FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	STATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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* DECHERD ROBERT W				2. Issuer Name and Ticker or Trading Symbol KIMBERLY CLARK CORP [KMB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DECHERD ROBERT W													X	Directo	or		10% O	wner		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019										Officer below)	(give title		Other (s	specify		
P.O. BO	X 619100				01,0		010													
1.0. BOX 015100				F	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					T. 11 7		idirioni,	Duic	or original	iicu	(World # D	ay/ reary		ne)	idddi oi i	oom o o o o o		g (Oncom / Ip	phoable	
DALLA	S T	x ·	75261-9100	1										X	Form 1	filed by One	Rep	orting Perso	on	
— DITELIT		<u> </u>	7 5201-5100										Form filed by More than One Reporting Person					orting		
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Inst	tr. 3)		2. Transact				3. 4. Securities Acq										7. Nature		
Date				h/Day/Year) i		Execution Date, if any (Month/Day/Yea		Code (Instr. 5)		d Of (D) (Instr. 3, 4 a		nd Securition Benefici					of Indirect Beneficial			
										<u> </u>				Owned Following Reported		(l) (Instr. 4)		Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	.	Transac (Instr. 3	tion(s)			(111501.4)	
Table II - Derivativ						ecu	rities	Aca	uired. Di	spo	sed of	. or Ben	eficial	v O	wned			<u> </u>		
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed				5. Num	ber	6. Date Exe		ıble and	7. Title an	d		Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Da		Transaction Code (Instr. 8)				Expiration (Month/Day		r)	Amount of Securities		Derivative Security		derivative Securities Beneficially Owned		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of		(Month/Day/\						` ´ ´ u			Underlyin	g	(Ins	str. 5)					
	Derivative Security				(A)			(A) or		Derivative Secu (Instr. 3 and 4)						Following		(I) (Instr. 4)	(instr. 4)	
							Disposed of (D)									Reported Transaction(s)				
								(Instr. 3, 4								(Instr. 4)				
				⊢			unu o,	$\overline{}$		$\overline{}$			Amoun	-						
													or							
									Date	E	xpiration		Number of							
				Co	de \	v	(A)	(D)	Exercisable	e D	ate	Title	Shares							
Restricted Share Units	(1)	01/02/2019		A			1,610		(1)		(1)	Common Stock	1,610		(1)	45,556.01	199	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.

> /s/ Jeffrey S. attorney-in-fact for Robert W. 01/03/2019 Decherd

** 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.