

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104
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1. Name and Address of Reporting Person* <u>Wilkinson Tristram</u> (Last) (First) (Middle) <u>P.O. BOX 619100</u> (Street) <u>DALLAS TX 75261-9100</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>08/01/2018</u>	3. Issuer Name and Ticker or Trading Symbol <u>KIMBERLY CLARK CORP [KMB]</u>	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President, EMEA</u>	5. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	4,012	D	
Common Stock	1,483.3064	I	Shareplus Share Purchase Plans ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Restricted Share Units 05/09/2018 (w/dividends reinvested)	(2)	(2)	Common Stock	979.2734	0.0000 ⁽³⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	04/28/2020	Common Stock	684	58.4408 ⁽⁶⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	04/26/2021	Common Stock	2,029	62.0706 ⁽⁶⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	05/02/2022	Common Stock	5,317	75.2203 ⁽⁶⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	05/01/2023	Common Stock	4,043	98.9241 ⁽⁶⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	04/30/2024	Common Stock	3,720	107.5054 ⁽⁶⁾	D	
Stock Option (Right to Buy) ⁽⁴⁾	(5)	04/29/2025	Common Stock	3,634	110.72	D	

Explanation of Responses:

1. Shares are held by the trustee of the Kimberly-Clark Shareplus UK Plan (a tax qualified plan) and the Kimberly-Clark Shareplus Plan (UK Top-Up component) and beneficially owned by the reporting person as of recent practicable date.
2. The restricted share units vest in one-third increments on each of the first through third anniversaries of the grant date.
3. 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.
4. Employee stock option granted under the Kimberly-Clark Corporation 2011 Equity Participation Plan.
5. Stock option that is fully vested and exercisable.
6. All historical share and stock option exercise price data in this Form 3 have been adjusted to reflect the Corporation's spin-off of its wholly owned subsidiary Halyard Health, Inc. on October 31, 2014. The adjustments were made to preserve the intrinsic value of the reporting person's stock options existing prior to the spin-off.

Remarks:

poatristramwilkinson.pdf

Jeffrey S. McFall as Attorney-in-fact for Tristram Wilkinson 08/06/2018

** 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 5 (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.