FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										

3235-0287 OMB Number: 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

					_		( )	or the n			1 7									
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [ TJX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SMITH ALEX				1	1071 COMMITMED INC / DE/ [ 10A ]									Dire		ctor	10% (	Owner		
					·									$\dashv$	X	Office	er (give title w)	Other below	(specify	
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/09/2006									Son	or EVD	Group Procid	ont		
THE TJX	COMPAN	IES, INC.			09/									Senior EVP Group President						
770 COC	HITUATE	POAD																		
770 COC	IIIIOAIL	KOAD			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable						
-					4. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)					
(Street)															X	Form	n filed by One	e Reporting Per	son	
FRAMIN	IGHAM M	A (	01701														,			
															Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																	
(-19)	(																			
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	eficia	ally (	Owne	ed			
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action					3. 4. Securities Acquired (A)						5. Am		6. Ownership	7. Nature	
				Date (Month/D	)av/Vaa	Execution Date, if any				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 ar	nd	Securi Benefi		Form: Direct (D) or Indirect	of Indirect Beneficial		
(Month/Da					zay/ i ca	(Month/Day/Year)						Owned Foll Reported		d Following	(I) (Instr. 4)	Ownership				
										(A) or Price						(Instr. 4)				
									Code	٧	Amount	[	(P) OI (D)	Price		(Instr. 3 and 4)				
Common Stock 09/09/					/2006				F		13,777		D	\$26	26.94		18,198	D		
		Т-	ا الحلط		i			A	al D	:		D	) £			اء ۔ ۔				
		18									sed of, onvertib				y Ov	vnea				
1. Title of	2.	3. Transaction	3A. Deem	ad	4		E No.		C Data F		sable and	7 -	امم ماه		0 0"	inn nf	9. Number o	f 10.	11. Nature	
Derivative	Conversion	Date	Execution		ate, Transact		nsaction of le (Instr. Derivati							8. Price of Derivative Security		derivative	Ownership	of Indirect Beneficial Ownership		
Security	or Exercise	(Month/Day/Year)	if any						. Derivative (Month/Day/Year) S							Securities	Form:			
(Instr. 3) Price of (Month/Day/				ay/Year)	8)	5)		Securities Acquired		Underlying Derivative				(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	(Instr. 4)		
	Security							(A) or Disposed of (D)		Security (In: and 4)			str. 3			Following	(I) (Instr. 4)	` ' '		
													and 4)				Reported Transaction(s)	(s)		
							(Instr. 3, 4										(Instr. 4)	( )		
				L		and 5)														
							Amou		ount											
													or Nun							
			l	1		Date		Expiration	L	of										
					Code	V	(A)	(D)	Exercisa	ble	Date	Title	:   Sha	ares					1	

**Explanation of Responses:** 

Remarks:

Mary B. Reynolds, by Power of Attorney dated January 28, 09/12/2006 2002

\*\* 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.