FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | urdon | | | | | | | | |

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* Rossi Jerome R | | | | 2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [TJX] | | | | | (Che | eck all applic Directo | able) | Person(s) to Iss 10% C Other | vner | | |
|--|--|------------|---------------------------------|--|---|--|--------|--|-------------------------|---|---|---|--|------------|--|
| (Last) (First) (Middle) THE TJX COMPANIES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2013 | | | | | | below) | below EVP, Group President | | Эрсспу | |
| 770 COCHITUATE ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6 In | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) FRAMINGHAM MA 01701 | | | | 4. | 4. II Amendmeni, Date of Original Filed (Montil/Day/Year) | | | | | Line | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | |
| | | Tal | ole I - Non-D | | _ | | | | - | | | y Owned | | | |
| Date | | | Fransaction te onth/Day/Y | Execution Date, | | Code (Instr. 5) | | | d (A) or r. 3, 4 and | 5. Amour Securitie Beneficia Owned F Reported | s Fally (ollowing (| 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any Co | | | Code (| ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Option ⁽¹⁾ | \$56.72 | 09/19/2013 | | A ⁽²⁾ | | 31,700 | | 09/19/2014 ⁽³⁾ | 09/19/2023 | Common Stock | 31,700 | \$0.00 | 31,700 | D | |
| Option ⁽¹⁾ | \$56.72 | 09/19/2013 | | A ⁽²⁾ | | 3,170 | | 09/19/2014 ⁽⁴⁾ | 09/19/2023 | Common Stock | 3,170 | \$0.00 | 3,170 | D | |

Explanation of Responses:

- 1. Right to buy. Includes right to have shares withheld to satisfy tax withholding obligations upon exercise.
- 2. Award pursuant to the Company's Stock Incentive Plan which includes the right to have shares withheld to satisfy tax withholding obligations upon exercise.
- 3. Granted pursuant to Stock Incentive Plan and exercisable in annual installments of 33.3% per year beginning on exercisable date.
- 4. Granted pursuant to Stock Incentive Plan and exercisable in full on exercisable date.

Remarks:

Mary B. Reynolds, by Power of
Attorney dated January 30, 09/23/2013
2007

** 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.