FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

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

Name and Address of Reporting Person* Goldenberg Scott						2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [TJX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
 8																	er (give title			(specify	
					2 0	O Data of Facilitat Tanana dia (Manth Davin)									X	belov			below)		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/04/2017											SEV	P, CFO			
THE TJX COMPANIES, INC.					04/	04/04/201/												,			
770 COCHITUATE ROAD																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						, J J									Line)						
l ` ′	IGHAM M	Δ	01701												X Form filed by One Reporting Person						
FIXAMI	IOIIAWI WI	A	31701														n filed by Moi	re than Or	ne Rep	orting	
-					1											Pers	on				
(City)	(St	ate) (Zip)																		
		Tahl	e I - Noi	n-Deriv	ative	Sec	curitie	s Arn	uired	Die	posed o	f or	Ren	eficia	ally (Owne	ad a				
			C 1 - 1401	1		_				D13	-										
1. Title of S	Security (Inst	r. 3)		2. Transa Date	action	Execution Date, if any			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4								ount of	6. Owner Form: Di		7. Nature of Indirect	
				(Month/E	Day/Yea				Code (Instr. 5)			J, 4 ai	''	Benefi	cially	(D) or Inc	D) or Indirect	Beneficial			
					(Month/Day/Year)			8)				Owned Following Reported			(I) (Instr. 4)		Ownership (Instr. 4)				
									Code	l۷	Amount	(A) or (D)		 Price	ico Trai		ction(s)			(
									1							(Instr. 3 and 4)					
Common Stock 04/04/2					l/2017				A ⁽¹⁾		40,000	00 A		\$ <mark>0</mark> .	.00 135,571		35,571	D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		10									onvertib				,	viica					
1. Title of 2. 3. Transaction 3A. Deemed 4							4. 5. Number 6				6. Date Exercisable and 7. Title and					ice of	9. Number o	of 10.		11. Nature	
Derivative	Conversion	Date	Execution	Date,	Transa		n of E		Expiration Date			Amount of			Derivative		derivative	Own	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code (8)	Instr.			(Month/D	ar)	Securities Underlying			Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
) Derivative				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"		Acquired		[Deri	vative		1		Owned	or Inc	or Indirect	(Instr. 4)	
	Security					(A) or Disposed					Seci	urity (In 4)	str. 3	3		Following Reported	(I) (In	str. 4)			
								of (D)					.,				Transaction	(s)			
							(Instr. 3, 4 and 5)										(Instr. 4)	- 1			
				F								Amount									
									or	ount											
								Date	- 1.	Expiration		Nur of	nber								
		Code	v	(A)		Exercisal		Date	Title		res										

Explanation of Responses:

1. Deferred stock award under the Company's Stock Incentive Plan with performance-based vesting criteria. Shares are issued and delivered following vesting of the award. Includes the right to have shares withheld to satisfy tax withholding obligations upon vesting.

Remarks:

Mary B. Reynolds, by Power of Attorney dated January 31, 04/05/2017 2012

** 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.