FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* LANE AMY B | | | | | | Z. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [TJX] | | | | | | | | | k all appli | tionship of Reporting all applicable) Director | | son(s) to Iss 10% Ov | |
|---|---|--|--|---------|------------------------------|---|---|--------|---|-------|--|---|-----------------------------------|-----------------|---|---|---|--|--|
| (Last) (First) (Middle) 460 SIXTH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2012 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| (Street) BROOKLYN NY 11215 | | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | | | tive Securities Acquired, Disposed of, or Benefi | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deri | vative | Sec | uriti | ies Ac | quired | l, Di | sposed o | of, or Be | enefic | ially | Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Exe) if ar | a. Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | d 5) | 5. Amou Securiti Benefici Owned I Reporte | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac | nsaction(s) tr. 3 and 4) | | | (11341. 4) |
| Common Stock 02/23/20 | | | | | |)12 | | | M | | 1,000 | A | \$12. | 12.765 | | 1,756 | | D | |
| Common Stock 02/23/20 | | | | | | 012 | | | S | 1,000 | | D | \$35.9 | 9601 | 10,756 | | | D | |
| | | 7 | able II | | | | | | | | posed of converti | | | | wned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/I | | 4. Transa Code (8) | | ı of | | 6. Date E Expiration (Month/I | on Da | | and 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Di Si (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Option ⁽¹⁾ | \$12.765 | 02/23/2012 | | | M | | | 1,000 | 01/31/20 | 007 | 01/31/2016 | Common Stock | 1,00 | 0 : | \$12.765 | 12,912 | | D | |

Explanation of Responses:

1. Right to buy. Includes right to have shares withheld to satisfy tax withholding obligations upon exercise.

All share counts on Table I and Table II reflect the impact of the two-for-one stock split paid on February 2, 2012.

Mary B. Reynolds, by Power of Attorney dated October 14, 2005

02/27/2012

** 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.