FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.C. 20549	OMB APP	ROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		
	Estimated average burden			

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	OMB Number:	3235-0287
	Estimated average burde	en
ı	hours ner resnonse:	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

1. Name and Address of Reporting Person <sup>*</sup> <u>Herrman Ernie</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol TJX COMPANIES INC /DE/ [ TJX ]									all applic	r	g Perso	10% Ov	vner
(Last) (First) (Middle) THE TJX COMPANIES, INC. 770 COCHITUATE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/10/2013								X Officer (give title below) Other (specify below)  President					<b>респу</b>
(Street) FRAMINGHAM MA 01701  (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	′				
(5.5)				lon-Deri	vativ	e Sec	urit	ies A	cauire	-d. D	isposed o	f. or B	eneficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			tion	2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amo Securit Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)			(Instr. 4)		
Common Stock 09/10/201				2013	3		S		36,960	D	\$53.730	7309 <sup>(1)</sup> 39		5,000		D			
Common Stock 09/11/201				2013	3		M		25,000	A	\$18.8	.8.87		420,000		D			
Common Stock 09/11/201			2013	13		S		25,000	D	\$54.34	54.349(2)		395,000		D				
		7	Table I	I - Deriv (e.g.,	ative puts,	Secu calls	ıritie S, Wa	es Acc arrant	quired s, opt	l, Dis	sposed of, , converti	or Be	neficial curities)	ly O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/N		ate of Securi Year) Underlyin		ing ve Security	Do	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	r					
Option <sup>(3)</sup>	\$18.87	09/11/2013			M		25,000		09/17	7/2010	09/17/2019	Commo	<sup>n</sup> 25,00	\$0.00		17,346		D	

## **Explanation of Responses:**

- 1. The price reported is the weighted average sales price of shares sold in multiple transactions at prices ranging from \$53.67 to \$53.77. The reporting person hereby undertakes, upon request of the Commission staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.
- 2. The price reported is the weighted average sales price of shares sold in multiple transactions at prices ranging from \$53.95 to \$54.63. The reporting person hereby undertakes, upon request of the Commission staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.
- 3. Right to buy. Includes right to have shares withheld to satisfy tax withholding obligations upon exercise.

## Remarks:

Mary B. Reynolds, by Power of Attorney dated February 20, 09/12/2013 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.