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 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

1. 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)						
MEYR	OWITZ (	<u> L'AROL</u>			1	711	OWIT	11 11	<u> LO IIV</u>	<u> </u>	<u>11/</u> [ 1321	J		X	Director	r		10% Ov	vner
(Last) (First) (Middle)				3. [	Date of Earliest Transaction (Month/Day/Year)							$\dashv$	X	Officer below)	(give title		Other (s below)	specify	
THE TJX COMPANIES, INC.					09/20/2012								CEO - TJX			X			
770 COCHITUATE ROAD																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)  X Form filed by One Reporting Person					
FRAMINGHAM MA 01701													Form filed by More than One Reporting						
(Cit.)	(5)	total	(7in)												Person			С.10 г. горо.	9
(City)	(5)	tate)	(Zip)																
		Tak	ole I - Non	-Deriva	ativ	e Se	curitie	s Ad	quired	, Dis	posed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				Execution Date			Code (Instr. 5)					4 and Securitie Beneficia Owned F		es Form ally (D) of following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(	e.g., pı	ıts,	call	s, warr	ant	s, optio	ns, c	convertik	ole secu	rities	)					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution Da if any (Month/Day/\	Co	ransaction ode (Instr.		5. Number 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 Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amou or Numb of Share	er					
Option <sup>(1)</sup>	\$45.17	09/20/2012		J	(2)		63,680		09/20/20	13 <sup>(3)</sup>	09/20/2022	Common Stock	63,68	30	\$45.17	63,680	)	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 the 1986 Stock Incentive Plan and exercisable in annual installments of 33.3% per year beginning on September 20, 2013.

## Remarks:

Mary B. Reynolds, by Power of Attorney dated January 28, 09/24/2012 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.