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

| 1. Name and Address of Reporting Person * $\underline{LANE\ AMY\ B}$ | | | | | | 2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [TJX] | | | | | | | | | ationship k all appli Directo | cable) | ng Person(s) to Is | | | | |
|---|---|--|--|------------|---|--|--------|----------------------------|---------------------------------------|--|------------------|----------|------------------------------------|---------------------------------|--|---|---------------------------------------|--|--|--|--|
| (Last) 460 SIX | (F ΓΗ STREE | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2012 | | | | | | | | | | (give title | Other (s below) | | specify | | |
| (Street) BROOK (City) | | | 11215 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form f | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Sec | curiti | ies Ac | quired, | Dis | posed o | of, or B | enefic | ially | Owned | ŀ | | | | | |
| 1. Title of Security (Instr. 3) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 1 and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common Stock | | | 01/11 | 01/11/2012 | | | | М | | 1,000 |) A | \$2 | 5.53 | 6, | 378 | D | | | | | |
| Common Stock | | | 01/11 | /2012 | | S | | 1,000 |) D | \$6 | 5.58 | 58 5,378 | | | D | | | | | | |
| | | 1 | able II - | | | | | | uired, C s, optior | | | | | | Owned | | | | | | |
| Security or Exerci (Instr. 3) Price of | Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Ex Expiration (Month/Da | n Date | Amount of | | of s ng e Secur | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form Direct or Inc. (I) (Inc.) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | | |
| Ontion ⁽¹⁾ | \$25.53 | 01/11/2012 | | | м | | | 1 000 | 01/31/200 | , l | 1/31/2016 | Common | 1 1 00 | ا ۱ | \$25.53 | 6 956 | | D | | | |

Explanation of Responses:

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

Remarks:

Mary B. Reynolds, by Power of Attorney dated October 14, 01/13/2012

** 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.