FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |
| Estimated average b | urden    |  |  |  |  |  |  |  |

0.5

hours per response:

| Check this box if no longer subject t | 0 |
|---------------------------------------|---|
| 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*  MAICH PETER               |         |  | 2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [ TJX ] |              |  |           |                                     |                         |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |                              |  |  |  |
|---|---------|--|--|--------------|--|-----------|-------------------------------------|-------------------------|---|---|---|---|------------------------------|--|--|--|
| <u>IVIAICI</u>  | 1 PETEK | =  |  |              |  |           |                                     |                         |   |   |   |   | r<br>(give title             |  | 10% Own<br>Other (sp   |  |
| (Last) (First) (Middle) THE TJX COMPANIES, INC. 770 COCHITUATE ROAD |         | (Middle)                                   | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2003                |              |  |           |                                     |                         |   | X Office (give title Office (specify below)  EVP Group Executive        |   |   |                              |  |  |  |
|   |         |  |  |              |  |           |                                     |                         |   |   |   |   |                              |  |  |  |
| (Street) FRAMINGHAM MA 01701  |         |  | 01701  | 4.           | If Amendment, Date of Original Filed (Month/Day/Year)                                  |           |                                     |                         |   |   | Line  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting |                              |  |  |  |
| (City)  | (S      | state)                                     | (Zip)  |              | Person   |           |                                     |                         |   |   |   |   |                              |  |  |  |
|   |         | Та   | ble I - Non-D  | erivati      | ve Se  | ecurities | s Ac                                | quired, D               | isposed (   | of, or Be   | neficially  | Owned   |                              |  |  |  |
|   |         |  | Date<br>Month/Day/Year)  |              | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Yea                              |           | Code (Instr.                        |                         |   | Beneficia<br>Owned F  | s<br>Illy<br>ollowing                               | 6. Owner<br>Form: Di<br>(D) or Ind<br>(I) (Instr.   | irect Ir<br>direct B<br>4) C | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |  |  |
|   |         |  |  |              |  |           | Code V                              | Amount                  | (A) o   | r Price   | Reported<br>Transacti<br>(Instr. 3 a                | tion(s)   |                              | (  | nstr. 4)   |  |
|   |         |  | Table II - De<br>(e.   |              |  |           |                                     | uired, Dis<br>, options |   |   |   | Owned   | ,                            |  |  |  |
| Derivative Conversion Date  |         | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, Trans  |              | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |           | Expiration Date<br>(Month/Day/Year) |                         | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)                                | ly Di<br>or<br>(I)           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |         |  |  | Code         | v  | (A)       | (D)                                 | Date<br>Exercisable     | Expiration<br>Date  | Title   | Amount<br>or<br>Number<br>of Shares                 |   | (Instr. 4)                   | on(s)  |  |  |
| Option <sup>(1)</sup>   | \$20.14 | 09/09/2003                                 |  | <b>J</b> (2) |  | 150,000   |                                     | 09/09/2004              | 09/09/2013  | Common<br>Stock   | 150,000   | \$20.14   | 150,000                      |  | D  |  |

- 1. Right to buy. Includes right to have shares withheld to satisfy tax withholding obligations upon exercise.
- 2. Granted pursuant to the 1986 Stock Incentive Plan and exercisable in annual installments of 33.3% per year beginning on 9/9/04.

## Remarks:

Mary B. Reynolds, by Power of 09/11/2003 Attorney dated January 28, 2002

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.