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 |           |  |  |  |  |  |  |  |

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 S  | Section   | on 30(h) | of the I                            | nvestmer                           | nt Cor   | npany Act                                 | of 19  | 40              |                      |                       |   |  |   |   |  |
|---|---|---|--|--------------|---|---|----------|-------------------------------------|------------------------------------|----------|---|--|-----------------|----------------------|-----------------------|---|--|---|---|--|
| 1. Name and Address of Reporting Person*  SMITH ALEX                |   |   |  |              |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TJX COMPANIES INC /DE/ [ TJX ] |          |                                     |                                    |          |   |  |                 |                      | Check                 | all app   | p of Reportin<br>blicable)<br>ctor<br>er (give title   | g Perso   | 10% O   |  |
| (Last) (First) (Middle) THE TJX COMPANIES, INC. 770 COCHITUATE ROAD |   |   |  |              | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2004 |   |          |                                     |                                    |          |   |  |                 |                      | X                     | belov   |  | Group   | below)  |  |
| (Street) FRAMINGHAM MA 01701 (City) (State) (Zip)                   |   |   |  |              | 4. If   | Ame   | endment  | , Date o                            | of Original                        | Filed    | I (Month/Da                               | ay/Ye  | ear)            |                      | . Indivi<br>ine)<br>X | Form  | r Joint/Group<br>n filed by One<br>n filed by Mor<br>on  | e Repor   | rting Pers  | on   |
|   |   | Tabl                                      | e I - Noi                                    | า-Deriva     | ative   | Se  | curitie  | s Ac                                | quired,                            | Dis      | posed o                                   | f, o   | r Ben           | eficia               | ally (                | Owne  | ed   |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)       |   |   |  | Day/Year) if |   | 2A. Deemed<br>Execution Date,<br>f any<br>(Month/Day/Year)                        |          | Transaction Dispose Code (Instr. 5) |                                    | Disposed | ities Acquired (A)<br>d Of (D) (Instr. 3, |  |                 | 4 and Se<br>Be<br>Ov |                       | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |  | nership<br>Direct<br>Indirect<br>str. 4)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |   |  |              |   |   |          |                                     | Code                               | v        | Amount (A)                                |  | (A) or<br>(D)   | Price                | Trans                 |   | action(s)<br>3 and 4)  |   |   | (msu. 4)   |
| Common Stock 09/09  |   |   |  | /2004        | 1   |   |          |                                     |                                    | 5,442    | . D \$2                                   |  | \$21            | .44                  | 4 107,058             |   |  | D   |   |  |
|   |   | Та  |  |              |   |   |          |                                     |                                    |          | sed of,<br>onvertib                       |  |                 |                      | y Ov                  | ned   |  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Jate<br>Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,        | 4.<br>Transaction<br>Code (Instr.<br>B)                     |   | n of     |                                     | 6. Date E<br>Expiratio<br>(Month/D | n Dat    | е   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                 |                      |                       |   | 9. Number o<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | vnership<br>rm:<br>rect (D)<br>Indirect                           | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |   |  |              | Code  | v   | (A)      | (D)                                 | Date<br>Exercisa                   |          | Expiration<br>Date                        | Title  | or<br>Nui<br>of | ount<br>mber<br>ares |                       |   |  |   |   |  |

Explanation of Responses:

Remarks:

Mary B. Reynolds, by Power of Attorney dated January 28, 09/13/2004 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.