FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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* Goldenberg Scott | | | | | | 2. Issuer Name and Ticker or Trading Symbol TJX COMPANIES INC /DE/ [TJX] | | | | | | | eck all applic Directo | able) | 10% | erson(s) to Issuer 10% Owner Other (spec | | |
|--|---|--|--|------------------|---|--|-------|--|------|-------------------|--|---|--|--|--|--|--|--|
| (Last) (First) (Middle) THE TJX COMPANIES, INC. 770 COCHITUATE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016 | | | | | | | | X Officer (give title below) SEVP, CFO | | | | Cony | |
| (Street) FRAMINGHAM MA 01701 (City) (State) (Zip) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tal | ole I - Non- | Derivati | ve Se | curitie | s Acc | quired, D | ispo | osed of | f, or Ber | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/k) | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | | Transaction Disposed Of (D) Code (Instr. 5) | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | s ally ollowing (| 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | In Be | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | , | Amount (A) or (D) | | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | (11 | nstr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code | saction (Instr. | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner: Form: Direct or Indi (I) (Inst | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | | | | | |
| Option ⁽¹⁾ | \$75.04 | 09/15/2016 | | A ⁽²⁾ | | 19,060 | | 09/15/2017 ⁽³ | 09. | 9/15/2026 | Common Stock | 19,060 | \$0.00 | 19,060 | 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 Stock Incentive Plan and exercisable in annual installments of 33.3% per year beginning on exercisable date.

Remarks:

Mary B. Reynolds, by Power of Attorney dated January 31, 09/16/2016 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.