## Edgar Filing: ESKENASI PEGGY - Form 4

ESKENASI	PEGGY											
Form 4												
March 29, 20	)11											
FORM			CECUD		ND EV	<b>TT A</b> 1				PPROVAL		
	UNITE	DSIAIE		111ES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5	Form 4 or								response	esponse 0.5		
obligation	•						-	e Act of 1934,				
may cont	inue. Section I			•	•	· ·		f 1935 or Section	n			
<i>See</i> Instru 1(b).	iction	50(II)	) of the Inv	vestment	Compan	y Aci	. 01 194	+0				
1(0).												
(Print or Type F	Responses)											
	ddress of Reportin	ng Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
•				ymbol				Issuer				
k			KOHLS	KOHLS Corp [KSS]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction					, 		
N		<b></b>		Ionth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
	0 RIDGEWO	JD	03/26/20	)11				below)	below)	er (specify		
DRIVE								Sr. Execu	tive Vice Presi	dent		
(Street) 4			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				d(Month/Day/Year)				Applicable Line)				
								_X_ Form filed by C Form filed by N	One Reporting Pe Iore than One Re			
MENOMOR	NEE FALLS, V	WI 53051						Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative s	Securi	ties Acc	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if		on(A) or D	ispose	d of	Securities	Form: Direct			
(Instr. 3)		any (Month	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	<b>,</b>	(D) or Indirect (I)	Beneficial Ownership		
		(Woltin	(Duy) I cui)	(11541.0)	nou. 0) (mou. 3, 4 and 3)			Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(mout 5 and 4)				
Common Stock	03/26/2011			F	367 <u>(1)</u>	D	\$ 53.5	63,668 <u>(2)</u>	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Kelationships						
	Director	10% Owner	Officer	Other			
ESKENASI PEGGY N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051			Sr. Executive Vice President				
Signatures							
Richard D. Schepp (pursuant to Power filed)	of Attorn	ey previousl	y 03/29/2011				
**Signature of Reporting Po	erson		Date				
<b>Explanation of Respor</b>	ises:						

- \* 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).
- (1) Represents shares used to satisfy tax withholding obligation upon vesting of restricted stock under the Company's 2003 Long-Term Compensation Plan.
- (2) Includes 61,179 unvested shares of restricted stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.