Edgar Filing: KOHLS Corp - Form 4

KOHLS Corp)												
Form 4													
June 23, 2017	7												
FORM	4 INITED		CECUD						COMMISSION		PPROVAL		
	- UNITED	SIAIES		hington				NGE	COMMISSION	OMB Number:	3235-0287		
Check this	s box		vv as	migion	I, L	J.C. 203	949				January 31,		
U	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005					
subject to Section 10								Estimated average burden hours per					
Form 4 or									response				
Form 5	Filed pu	irsuant to	Section 16	6(a) of th	he	Securiti	es Ez	kchang	ge Act of 1934,				
obligation may conti									f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestmen	t C	ompany	y Act	of 19	40				
1(b).													
(Print or Type R	(esponses)												
(The of Type is	(csponses)												
1. Name and A	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name an	d T	icker or T	Fradin	g	5. Relationship of	Reporting Per	son(s) to		
SCHEPP RICHARD D Symbol				e e				0	Issuer				
				OHLS Corp [KSS]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chee						
				onth/Day/Year) /21/2017					Director 10% Owner X Officer (give title Other (specify below) below)				
DRIVE									· · · · · · · · · · · · · · · · · · ·	ministrative Of	fficer		
	(Street)		4. If Amer	ndment, D	Date	Original			6. Individual or Jo	oint/Group Filin	1g(Check		
				l(Month/Day/Year)					Applicable Line)				
									X Form filed by 0 Form filed by N	One Reporting Pe Iore than One Re			
MENOMON									Person	fore than one ra	porting		
FALLS, WI	55051-5000												
(City)	(State)	(Zip)	Table	e I - Non-	Dei	rivative S	lecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security			on Date, if TransactionAcquired (A) or						Indirect				
(Instr. 3)		any (Month/	ny Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				· · · ·	D) or ndirect (I)	Beneficial Ownership		
		(,	(,	(-)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price	, , , , , , , , , , , , , , , , , , , ,				
Common	06/21/2017			А		618	А	<u>(1)</u>	122,858 <u>(2)</u>	D			

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

Stock

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SCHEPP RICHARD D N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051-5660			Chief Administrative Officer					

Signatures

(Jason J. Kelroy P.O.A.) 06/23/2017

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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) Award of additional restricted stock in lieu of a \$0.55 per share dividend issued by the Company on all Common Stock, which was payable June 21, 2017. These shares vest on the same schedule as the underlying restricted shares.
- (2) Includes 40,604 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.