

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-04-28**

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### ISSUER

#### **KIMBERLY CLARK CORP**

CIK: **55785** | IRS No.: **390394230** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **2670** Converted paper & paperboard prods (no containers/boxes)

Mailing Address  
351 PHELPS DRIVE  
IRVING TX 75038

Business Address  
P O BOX 619100  
DFW AIRPORT STATION  
DALLAS TX 75261-9100  
9722811200

### REPORTING OWNER

#### **KALMANSON STEVEN R**

CIK: **1222892**  
Type: **4** | Act: **34** | File No.: **001-00225** | Film No.: **05790379**

Business Address  
2300 WINCHESTER ROAD  
NEENAH WI 54956  
9207212000

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|  |         |          |   |  |  |   |  |  |
|--|---------|----------|---|--|--|---|--|--|
| 1. Name and Address of Reporting Person<br><b>KALMANSON STEVEN R</b> |         |          | 2. Issuer Name and Ticker or Trading Symbol<br><b>KIMBERLY CLARK CORP [KMB]</b> |  |  | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director _____ 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below)<br><b>Group President</b> |  |  |
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)<br><b>04/28/2005</b>           |  |  | 6. Individual or Joint/Group Filing<br>(Check applicable line)<br><input checked="" type="checkbox"/> Form Filed by One Reporting Person<br>____ Form Filed by More than One Reporting Person                                       |  |  |
| 2300 WINCHESTER ROAD   |         |          | 4. If Amendment, Date Original Filed(Month/Day/Year)                            |  |  |   |  |  |
| (Street)<br><b>NEENAH, WI 54956</b>                                  |         |          |   |  |  |   |  |  |
| (City)   | (State) | (Zip)    |   |  |  |   |  |  |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                  | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------------|---|--|---|
|                                 |                                      |  | Code                           | V | Amount  | (A) or (D) Price |   |  |   |

**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 Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |       |
|--|--|--------------------------------------|--|--------------------------------|---|---|-----|--|-----------------|---|--|--|--|--|-------|
|  |  |                                      |  | Code                           | V | (A)   | (D) | Date Exercisable   | Expiration Date |   |  |  |  |  | Title |
| Stock Option (Right to Buy) <sup>(1)</sup> | \$61.59  | 04/28/2005                           |  | <u>A</u>                       |   | 43,297  |     | <sup>(2)</sup>   | 04/27/2015      | Common Stock  | 43,297                                     | <sup>(1)</sup>   | 43,297   | D  |       |
| Restricted Share Units <sup>(3)</sup>      | <sup>(3)</sup>   | 04/28/2005                           |  | <u>A</u>                       |   | 10,824  |     | <sup>(4)</sup>   | <sup>(4)</sup>  | Common Stock  | 10,824                                     | <sup>(3)</sup>   | 10,824   | D  |       |

**Explanation of Responses:**

- Employee stock option granted under the Kimberly-Clark Corporation 2001 Equity Participation Plan.
- The options vest in three annual installments of 30%, 30% and 40% beginning April 28, 2006.
- Represents restricted share units, payable on a 1-for-1 basis, granted under the Kimberly-Clark Corporation 2001 Equity Participation Plan.

4. The restricted share units vest in three annual installments of 33%, 33% and 34% beginning April 28, 2008.

**Signatures**

John W. Wesley as attorney-in-fact for Steven R. Kalmanson

05/02/2005

\*\* 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.**