Revelle Greg Form 4 March 27, 2019

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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(b).

(C:+-)

(Print or Type Responses)

1. Name and Address of Reporting Person ** Revelle Greg			2. Issuer Name and Ticker or Trading Symbol KOHLS Corp [KSS]	5. Relationship of Reporting Person(s) to Issuer				
			*	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					
			(Month/Day/Year)	Director 10% Owner				
N56 W17000 RIDGEWOOD			03/25/2019	_X_ Officer (give title Other (specify				
N56 W17000 RIDGEWOOD DRIVE			00,20,2019	below) below)				
DRIVE				Sr. EVP/Chief Marketing Off.				
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)	Applicable Line)				
			•	_X_ Form filed by One Reporting Person				
MENOMONEE FALLS, WI 53051				Form filed by More than One Reporting				
WIENOWIONEE PALES, WI 33031				Person				

(City)	(State) (Table Table	e I - Non-D	erivative	Secur	ities Acqı	iired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. 4. Securitie Transaction(A) or Disp			*	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)		Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	03/25/2019		A	7,275	A	\$0(1)	126,477	D	
Common Stock	03/26/2019		F	945 (2)	D	\$ 68.73	125,532 (3)	D	

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

(7:m)

(State)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/		Underly Securiti (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer 10% Owner Other Director

Revelle Greg N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051

Sr. EVP/Chief Marketing Off.

Signatures

(by Elizabeth McCright, P.O.A.)

03/27/2019

**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).
- Award of annual long-term grant pursuant to the Company's Long-Term Incentive Program. These time-vested restricted shares vest in four equal annual installments on the first through fourth anniversaries of the Grant Date.
- Represents shares used to satisfy tax withholding obligation upon vesting of restricted stock under the Company's 2017 Long-Term **(2)** Compensation Plan.
- (3) Includes 124,283 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.

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