#### KIMBERLY CLARK CORP

Form 4 April 27, 2007

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

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obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Bauer Joanne B

1400 HOLCOMB BRIDGE ROAD

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

KIMBERLY CLARK CORP [KMB]

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

04/25/2007

Director 10% Owner Other (specify

President, K-C Health Care

X\_ Officer (give title below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

ROSWELL, GA 30076

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (T)

Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

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.

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

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	or I (D) (Ins	quired (Dispose) str. 3, 4	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (1)	\$ 71.88	04/25/2007		A	13	3,912		(2)	04/25/2017	Common Stock	13,912
Restricted Share Units (3)	(3)	04/25/2007		A	3,	,478		<u>(4)</u>	<u>(4)</u>	Common Stock	3,478
Stock Option (Right to Buy) (1)	\$ 71.88	04/25/2007		A	6,	,678		(2)	04/25/2017	Common Stock	6,678

# **Reporting Owners**

Reporting Owner Name / Address	Keiationsnips							
	Director	10% Owner	Officer	Other				
Bauer Joanne B			President,					
1400 HOLCOMB BRIDGE ROAD			K-C Health					
ROSWELL, GA 30076			Care					

# **Signatures**

/s/ John W. Wesley as attorney-in-fact for Joanne B.

Bauer

04/27/2007

\*\*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) Employee stock option granted under the Kimberly-Clark Corporation 2001 Equity Participation Plan.
- (2) The options vest in three annual installments of 30%, 30% and 40% beginning April 25, 2008.
- (3) 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 on April 25, 2010.

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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