FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* STREETER STEPHANIE A | | | | | KO | 2. Issuer Name and Ticker or Trading Symbol KOHLS Corp [KSS] | | | | | | | | | Relationship neck all app X Direc | , | g Pers | son(s) to Iss | | |
|---|--|--------|-----------|--|---|--|--|-------------------|--|--------------------|--------|---|-------------|---|--|--|--------|--|--|--|
| (Last) | (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2019 | | | | | | | | | | Officer (give title below) | | Other (specify below) | | |
| N56 W17000 RIDGEWOOD DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Appli Line) | | | | | | |
| (Street) MENOMO | ONEE WI | 5. | 3051 | | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | te) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | e I - Nor | ı-Deriv | ative S | Secu | ırities | s Acq | uired, [| Disp | osed o | f, or I | 3ene | ficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execu ay/Year) if any | | . Deemed ecution Date, any onth/Day/Year) | | | | | ties Acquired (A I Of (D) (Instr. 3, | | | d Securi Benefi Owned | i. Amount of Securities Beneficially Owned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | () (I | A) or D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (111511.4) | |
| Common Stock 09/25 | | | | | | /2019 | | A | | 32 | A (1) | | 22,547(2) | | | D | | | | |
| | 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) | vative Conversion Date Execution Date (Month/Day/Year) | | | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| c | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | of | ares | | | | | | | |

Explanation of Responses:

- 1. Award of additional restricted stock in lieu of a \$0.67 per share dividend issued by the Company on all Common Stock, which was payable September 25, 2019. These shares vest on the same schedule as the underlying restricted shares.
- 2. Includes 2,402 unvested shares of restricted stock.

Remarks:

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

09/27/2019

** 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.