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* HERMA JOHN F						KOH	2. Issuer Name and Ticker or Trading Symbol KOHLS Corp [KSS]											p of Reportir dicable) tor	ng Pe	erson(s) to I		
(Last)	,	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/26/2012										Officer (give title below)			Other (below)	(specify	
N56 W17000 RIDGEWOOD DRIVE (Street)							4. If Amendment, Date of Original Filed (Month/Day/Year) 09/28/2012											dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person				
MENOM FALLS	ONEE V	WI	5	5660												Form filed by More than One Reporting Person						
(City)	(:	Stat	te) (Z	ľip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date					2. Transac Date (Month/Da		Exec if an	Deemed cution Date, ny nth/Day/Year)		Transaction Dispos			rities Acquired (A ed Of (D) (Instr. 3			3, 4 Se B		5. Amount of Securities Beneficially Owned		wnership m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)		e	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Common Stock 09/26/20							012			Α		6.45		A	(1	1) 79		3,686(2)		D		
Common Stock															4,8		814,574		I	By Trust ⁽³⁾		
Common Stock																	1,400			I	By Spouse ⁽⁴⁾	
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)	ative Conversion Date Exerity or Exercise (Month/Day/Year) if an				emed ion Date, //Day/Year)	Code (Ir	Transaction Code (Instr.		vative rities uired r osed) r. 3, 4	6. Date Exercisable a Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	of Deri Secu	ivative urity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C C C C C C C C C C C C C C C C C C	10. Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date E Exercisable		xpiration Pate	Title	or Nur of	ount nber res							

Explanation of Responses:

- 1. Award of additional restricted stock in lieu of a \$0.32 per share dividend issued by the Company on all Common Stock, which was payable September 26, 2012. These shares vest on the same schedule as the underlying restricted shares.
- 2. Includes 1.042 unvested shares of restricted stock.
- 3. Mr. Herma is not a trustee or beneficiary of the trust. He disclaims ownership of the trusts' shares for purposes of Section 16 of the Exchange Act and, accordingly, disclaims any obligation to report their transactions
- 4. The filing of this report shall not be deemed an admission that Mr. Herma is the beneficial owner of these shares for purposes of Section 16 of the Exchange Act of 1934.

Remarks:

This Form 4 is being amended solely to reflect the new total in the Trust due to an additional filing reporting sales by the Trust on September 12th and September 14th.

(Dennis F. Connolly P.O.A.) 10/12/2012

** 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.