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KOHLS CORPORATION

Form 4

September 13, 2006

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

January 31, Expires:

OMB APPROVAL

2005 Estimated average

burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, may continue.

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).

(Last)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * **KELLOGG WILLIAM S**

(First)

(04-4-)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

KOHLS CORPORATION [KSS] 3. Date of Earliest Transaction

_X__ Director 10% Owner

6. Individual or Joint/Group Filing(Check

(Check all applicable)

N56 W17000 RIDGEWOOD

Other (specify Officer (give title below)

DRIVE

4. If Amendment, Date Original (Street)

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

09/11/2006

X Form filed by One Reporting Person Form filed by More than One Reporting

MENOMONEE FALLS, WI 53051-5660

| ((| City) | (State) | (Zip) Tal | or Beneficially | Owned | | | | | | |
|------------------------------|-------|--------------------------------------|---|---|--|------------------|---------------|--|-------------------|---|--|
| 1.Title Securi (Instr. | ty | 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 ctionDisposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of 6. Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Com | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (I) (Instr. 4) | (IIISII: 1) | |
| Com | | | | | | | | 633,180 | D | | |
| Com | | 09/11/2006 | | S | 523,800 | D | \$ 65.5675 | 11,753,509 | I | By family trusts (1) | |
| Com | | 09/12/2006 | | S | 226,200 | D | \$ 66.315 | 11,527,309 | I | By family trusts (1) | |

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

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SEC 1474 (9-02)

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

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exer | | 7. Tit | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|---------------------------------|---------------------|---------------------|--------------------|--------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | of (Month/Day/Year) | | | Secur | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KELLOGG WILLIAM S N56 W17000 RIDGEWOOD DRIVE X MENOMONEE FALLS, WI 53051-5660

Signatures

Peter M. Sommerhauser (pursuant to Power of Attorney previously filed)

09/13/2006

**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) Mr. Kellogg is not a trustee or beneficiary of any of the family trusts. 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.

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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