HOWE DOUGLAS M. Form 3 May 18, 2018 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> HOWE DOUGLAS M. | | | Date of Event Requiring Statement (Month/Day/Year) | ³ 3. Issuer Name and Ticker or Trading Symbol KOHLS Corp [KSS] | | | | |
|--|----------|----------|--|---|--|--------------------------|--|--|
| (Last) | (First) | (Middle) | 05/14/2018 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| N56 W17000 RIDGEWOOD DRIVE | | | | (Check all applicable) | | | | |
| | (Street) | | Director 10% Owr X Officer Other (give title below) (specify below) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting | |
| MENOMONEE FALLS, WI 53051-5660 | | | Chief Merchandising Officer | | | | Person Form filed by More than One Reporting Person | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Securi (Instr. 4) | ty | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr | | |

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

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 control number.

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

SEC 1473 (7-02)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--------------------|--|----------------------------------|---|---|---|
| | Date Exercisable | Expiration Date | × , | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) | |

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|---------------------------|-----------------------------|-------|--|--|--|
| | Director | irector 10% Owner Officer | | Other | | | |
| HOWE DOUGLAS M. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051-5660 | Â | Â | Chief Merchandising Officer | Â | | | |
| Signatures | | | | | | | |
| Jason J. Kelroy, pursuant to Power of Attorney herewith | y filed | 05/18/2018 | | | | | |
| **Signature of Reporting Person | | | Date | | | | |
| Explanation of Responses | s: | | | | | | |

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.