Edgar Filing: Shaffer Michael A - Form 4

Shaffer Mic Form 4 May 01, 201											
FORM	ЛЛ								OMB AF	PROVAL	
	UNIII	ED STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon	ner								Expires:	January 31, 2005	
subject t Section Form 4	16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated a burden hour response	verage		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
Shaffer Michael A Symbol			Symbol	ssuer Name and Ticker or Trading pol I CORP. /DE/ [PVH]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check	c all applicable)	
			h/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below) EVP, COO and CFO				
			Amendment, Date Original d(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	rities Acq	uired, Disposed of	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock, \$1 par value	04/29/2019			А	4,524 (1)	А	\$0	39,688 <u>(2)</u>	D		
Common Stock, \$1 par value	04/29/2019			F	2,408 (<u>3)</u>	D	\$ 130.64	37,280 <u>(2)</u>	D		
Common Stock, \$1 par value								6,720.8329	Ι	By 401(k) Plan	

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration	T . 1	or		
						Exercisable	Date	Title	Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Shaffer Michael A C/O PVH CORP. 200 MADISON AVENUE NEW YORK, NY 10016			EVP, COO and CFO				
Signatures							
Michael A.							

Shaffer	05/01/2019				
<u>**</u> 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) Represents shares received upon settlement of a performance share award.
- (2) Includes 14,285 shares of Common Stock subject to awards of restricted stock units.
- (3) Represents shares withheld to satisfy the Reporting Person's tax obligations with the settlement of the performance share award described in Note (1) above.

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.