FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  HOLMES JAMES							2. Issuer Name <b>and</b> Ticker or Trading Symbol PVH CORP. /DE/ [ PVH ]										all app Direc	licable)		Solssuer  Solsoner  Solsoner  Solsoner  Solsoner  Solsoner
(Last) C/O PVH 200 MAI		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017										X Officer (give title Officer (specify below) below)  SVP and Controller								
(Street) NEW YORK NY 10016  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
			Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	, Dis	posed o	f, o	r Be	nefic	cially	Owne	ed		
					2. Transa Date (Month/D		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and 5) Secu Bene		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
										Code	v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)		(111501.4)
Common		04/01/2017					F		167(1)		D	\$1	\$103.47		,292 <sup>(2)</sup>	D				
Common Stock, \$1 par value						04/02/2017						65 <sup>(3)</sup>		D	\$1	\$103.47		,227 <sup>(4)</sup>	D	
Common Stock, \$1 par value						04/03/2017						<b>56</b> <sup>(5)</sup>		D	\$1	\$103.18		,171 <sup>(6)</sup>	D	
Common													436.0188		I	By 401(k) Plan				
			Та									sed of, onvertib					wned			
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivative Security	on [ se (	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	Date, Transac Code (In		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instrand 5	rities ired r osed )	6. Date E Expiratio (Month/E	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		of s ng e (Instr.	Deri Sec (Inst	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
						Code	v					Expiration Date	or Num of		umbe	er				

## **Explanation of Responses:**

- 1. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 378 restricted stock units. The restricted stock units were included as directly owned shares in prior filings.
- 2. Includes 2,744 shares of Common Stock subject to awards of restricted stock units.
- 3. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 146 restricted stock units. The restricted stock units were included as directly owned shares in prior filings.
- 4. Includes 2,598 shares of Common Stock subject to awards of restricted stock units.
- 5. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 126 restricted stock units. The restricted stock units were included as directly owned shares in
- 6. Includes 2,472 shares of Common Stock subject to awards of restricted stock units.

## Remarks:

James Holmes

04/04/2017

\*\* 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.