FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Coughlin Zachary			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 04/04/2022  3. Issuer Name <b>and</b> Ticker or Trading Symbol PVH CORP. /DE/ [ PVH ]							
(Last) 285 MADI	(First) SON AVEN	(Middle)		Issuer Filed (Month (Check all applicable)		10% Owner Other (specify below)		5. If Amendment, Filed (Month/Day			
(Street) NEW YORK (City)	NY (State)	10017 (Zip)	-		X Officer (give title below)  EVP, Chief Finan			6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock, \$1 par value					0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration		2. Date Exerc Expiration Day/\ (Month/Day/\)	ate	Underlying Derivative Security (Instr. 4) Con-		Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

**Explanation of Responses:** 

Remarks:

/s/ Zachary Coughlin

04/08/2022

\*\* Signature of Reporting

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 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.

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.