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 OWNERSHIP
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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* <u>Shaffer Michael A</u>							2. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O PVH CORP.						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2013									X Officer (give title below) Other (specify below) Executive VP and CFO						
200 MADISON AVENUE (Street) NEW YORK NY 10016				4. 11	4. If Amendment, Date of Original Filed (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)	(S		(Zip)	Davis		- 6		0.		Dia		-f - : D		: - 11.	. 0						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action		2A. Deemed Execution Date,		3. Transa	ction	4. Securi	ties Acqui	red (A) o	r	5. Amount of Securities Beneficially Owned Following		Form: D	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock, \$1 par value 06/14/						3			М		4,825	5 A	A \$60.0		44,499(1)		D	,			
Common Stock, \$1 par value 06/14/2					4/2013	3			М		8,500	0 A \$		6.11	52,999(1)		D	,			
Common Stock, \$1 par value 06/14/2					4/2013	3			S		13,32	25 D \$		21.6	39,	,674(1)					
Common Stock, \$1 par value															6,66	7.052	I	4	By 401(k) plan		
		1	Гable II -								osed of converti	-		-	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transactio Code (Inst 8)		n of r. Der Sec Acc (A) Dis of (posed D) str. 3, 4	Expiration	. Date Exercisa xpiration Date Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		E	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	vnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er							
Option (Right to Buy)	\$60.08	06/14/2013			M			4,825	(2)	O)4/06/2020	Common Stock, \$1 par value.		5	\$0	4,825		D			
Option (Right to	\$26.11	06/14/2013			М			8.500	(3)		04/16/2019	Common Stock, \$1			\$0	0		D			

Explanation of Responses:

- 1. Includes 20,434 shares of Common Stock subject to awards of restricted stock units.
- 2. This was part of a grant of 19,300 options, of which 4,825 options vested on each of 4/6/11, 4/6/12 and 4/6/13 and an additional 4,825 options will become exercisable on 4/6/14.
- 3. This was part of a grant of 34,000 options, of which 8,500 options vested on each of 4/16/10 and 4/16/11, 4/16/12 and 4/16/13.

Remarks:

Buy)

Michael A. Shaffer

** Signature of Reporting Person

06/17/2013

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.