FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* MURRY PAUL THOMAS				<u>P1</u>	2. Issuer Name and Ticker or Trading Symbol PHILLIPS VAN HEUSEN CORP /DE/ PVH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify						
(Last)) (First) (Middle) CALVIN KLEIN, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/05/2010								-	EO, C	below)		
205 WEST 39TH STREET					4.	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10018					_									Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)											1 01301					
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Acc	quired,	Dis	osed o	f, or Be	neficial	y Owned					
Date			n/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Securition Beneficition Owned I	neficially ned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock, \$1 par value 04/05.					5/201	2010		F		255(1)	255 ⁽¹⁾ D \$		3 15,	15,777(2)		D			
Common Stock, \$1 par value ⁽³⁾ 04/06/				6/201	′2010		A		4,100	3) A	\$0 ⁽³⁾	19,877(4)			D				
		-	Гable II -								sed of, onvertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date,	4. Transactio Code (Inst				6. Date Exercisable Expiration Date (Month/Day/Year)			of Securities		8. Price of Derivative Security (Instr. 5)		e C s F ally C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Option (Right to Buy) ⁽⁵⁾	\$60.08	04/06/2010			A		15,500		(6)	0	4/06/2020	Common Stock, \$1 par value	15,500	\$0	15,50	0	D		

Explanation of Responses:

- 1. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 625 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- ${\it 2. Includes 12,900 shares of Common Stock subject to awards of restricted stock.}$
- 3. Represents shares subject to an award of restricted stock units. Each unit represents a contingent right to receive one share of Issuer's Common Stock. The units vest 25% (1,025 shares) on the second anniversary of grant, 25% (1,025 shares) on the third anniversary of grant and 50% (2,050 shares) on the fourth anniversary of grant. Vested shares are delivered as soon as practicable after they vest.
- 4. Includes 2,877 shares of Issuer's Common Stock owned outright by reporting person and 17,000 shares of Common Stock subject to awards of restricted stock units.
- 5. All options exercisable for shares of Issuer's Common Stock, \$1 par value.
- 6. Options to acquire 3,875 shares become exercisable on each of 4/06/2011, 4/06/2012, 4/06/2013 and 4/06/2014

Remarks:

Paul Thomas Murry

04/07/2010

** 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.