FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A	Address of Rep	orting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/04/2022 3. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH]					
(Last) C/O PVH C 285 MADIS (Street) NEW YORK (City)	(First) CORP. SON AVENU NY (State)	(Middle) JE 10017 (Zip)	-		4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C	owner specify	A Person	pint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				Į i	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: I (D) or II (I) (Inst	Direct C	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock, \$1 par value					0	I)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
''''			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I		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/ Aiav Bhalla

08/09/2022

** 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 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.