FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

	nd Address of Michael	Reporting Person*								er or Tra		Symbol				Check	all app	p of Reportin plicable) ctor er (give title	1)% O	wner
(Last) C/O PVH 200 MAI	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017										X	belo		b	Other (specify below) and CFO	
(Street) NEW YC			10016 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indivi.ine)	·					
		Tab	le I - No	n-Deriv	/ative	Se	ecuri	ties	Acc	quired,	, Dis	posed o	f, or	Bene	fici	ally (Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Execution Date,		Transaction I		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securities Beneficial Owned Fo		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	Amount (A) or (D)		Price	ce Reported Transaction((Instr. 3 and		action(s)			(Instr. 4)	
Common Stock, \$1 par value			04/01	/2017				F		698(1)		D S	\$103.47		30,153(2)		D				
Common Stock, \$1 par value 04/02/			/2017	2017				F		388(3)	8 ⁽³⁾ D \$1		\$103	29,765 ⁽⁴⁾		9,765(4)	D				
Common	Stock, \$1 p	oar value		04/03	/2017					F		335(5)		D S	\$10	3.18	29	9,430(6)	D		
Common	Stock, \$1 p	oar value															6,7	04.0704	I		By 401(k) Plan
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ictio Inst	on of tr. De Se Ac (A Di of	n of l		6. Date E Expiratio (Month/I	on Dat			tr. 3	Deriv Secu	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form: Direct or India (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A	s) ((D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber							

Explanation of Responses:

- 1. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 1,887 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- $2.\ Includes\ 21,\!041\ shares\ of\ Common\ Stock\ subject\ to\ awards\ of\ restricted\ stock\ units.$
- 3. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 1,047 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- 4. Includes 19,994 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 904 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- 6. Includes 19,090 shares of Common Stock subject to awards of restricted stock units.

Remarks:

Michael A. Shaffer

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.