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 b | urden     |  |  |  |  |  |  |  |

0.5

hours per response:

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 S  | Section   | on 30(h) | of the I                            | nvestmer          | t Con                                   | npany Act           | of 19                   | 40                        |   |   |   |   |   |                 |  |  |
|---|---|--|---|--------------|---|---|----------|-------------------------------------|-------------------|---|---------------------|-------------------------|---------------------------|---|---|---|---|---|-----------------|--|--|
| 1. Name and Address of Reporting Person*  NASELLA HENRY   |   |  |   | <u>PH</u>    | 2. Issuer Name and Ticker or Trading Symbol PHILLIPS VAN HEUSEN CORP /DE/ PVH ] |   |          |                                     |                   |   |                     |                         |                           |   | tionship of Reporting Pe<br>all applicable)<br>Director |   |   | on(s) to Is   |                 |  |  |
| (Last) (First) (Middle) C/O LNK PARTNERS 81 MAIN STREET   |   |  |   |              | 3. Date of Earliest Transaction (Month/Day/Year) 06/19/2008                     |   |          |                                     |                   |   |                     |                         |                           |   |   | Office<br>below   | er (give title<br>w)  |   | Other<br>below) | (specify   |  |
| (Street) WHITE PLAINS NY 10601  (City) (State) (Zip)      |   |  |   |              | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |          |                                     |                   |   |                     |                         |                           |   | Indivine)   |   |   |   |                 |  |  |
|   |   | Tabl                                       | e I - Nor                                     | n-Deriv      | ative   | Se  | curitie  | s Acc                               | quired,           | Dis                                     | posed o             | f, o                    | r Ben                     | eficia  | ally  | Owne  | ed  |   |                 |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D. |   |  |   | Day/Year) if |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | Transaction Dispose Code (Instr. 5) |                   | ties Acquired (A<br>d Of (D) (Instr. 3, |                     |                         |                           | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                 |  |  |
|   |   |  |   |              |   |   |          |                                     | Code              | v                                       | Amount              |                         | (A) or<br>(D)             | Price   | :   |   | ted<br>action(s)<br>3 and 4)  |   |                 | (Instr. 4)   |  |
| Common Stock, \$1 par value 06/19/                        |   |  |   |              | /2008   |   |          | A                                   |                   | 2,960(1)                                |                     | A                       | <b>\$0</b> <sup>(1)</sup> |   | 4,960(1)(2)   |   |   | D   |                 |  |  |
|   |   | Та   | ble II - D                                    |              |   |   |          |                                     |                   |   | sed of,<br>onvertib |                         |                           |   | y Ov  | vned  |   |   |                 |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,        |   | ransaction<br>Code (Instr.                                  |          |                                     |                   | n Date                                  | ar)                 | Am<br>Sec<br>Und<br>Der | Am<br>or<br>Nur           | str. 3 ount   | Deriv<br>Secu<br>(Inst                                  |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner<br>Form:<br>Direct<br>or Indi<br>(I) (Ins     | wnership        | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |              | Code  | v   | (A)      | (D)                                 | Date<br>Exercisal |   | Expiration<br>Date  | Title                   | of                        |   |   |   |   |   |                 |  |  |

## **Explanation of Responses:**

- 1. 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% over four years on the anniversary of grant. Vested shares are delivered as soon as practicable after they vest.
- 2. Includes 4,960 shares of Common Stock subject to awards of restricted stock units.

## Remarks:

Henry Nasella 06/19/2008

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.