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	Address of Rep		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/22/2021 3. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH]						
(Last) C/O PVH (200 MADI (Street) NEW YORK (City)	(First) CORP. SON AVENU NY (State)	(Middle) JE 10016 (Zip)	-		4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below) Director	10% C Other below)) Wner (specify	File 6. II	ndividual or Joseck Applicable Form filed 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)					2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock, par value \$1 per share					0	I	D			
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)		urity Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
1		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:

George Cheeks

03/24/2021

** Signature of Reporting

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.