FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANG | GES IN BEN | NEFICIAL | OWNERSH | ΙP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* GOLDSTEIN BRUCE | | | | | | 2. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH] | | | | | | | | | applio recto | cable) | ig Per | son(s) to Iss 10% Ov Other (s | vner |
|---|---|--|---|---------|--------------------------------------|--|---|-------|---|------|---|-----------------------------------|---|-----------------------------------|---|---------------|---|---|---|
| (Last) C/O PVI | ` | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2013 | | | | | | | | | below) SVP, Corporat | | rate C | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (Street) NEW Y(| ORK N | Y | 10016 (Zip) | | Line) X Form f | | | | | | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting | | | | | | | | |
| | | Tab | le I - Nor | າ-Deriv | vative | Sec | curitie | s Acc | quired, I | Disp | osed c | of, or Be | neficia | lly Ow | nec | | | | |
| | | | 2. Trans Date (Month) | | Day/Year) Execution | | A. Deemed xecution Date, any Month/Day/Year) | | , Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | Beneficia Owned Fo | | s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) o | r Price | Reported Transact (Instr. 3 | | tion(s) | | | (Instr. 4) |
| Common | Stock, \$1 p | oar value | | 05/0 | 1/2013 | 3 | | | A | | 1,304 | (1) A | \$0 | 1) | 7,287 ⁽²⁾ D | | | | |
| | | Т | able II - | | | | | | uired, Di , option: | | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | n of | | 6. Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Co | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | 1 | | | | | |
| Option (Right to Buy) ⁽³⁾ | \$115.05 | 05/01/2013 | | | A | | 3,300 | | (4) | 05 | 5/01/2023 | Common Stock, \$1 par value | 3,300 | \$0 | | 3,300 | | D | |

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% (326 shares) on the second anniversary of grant, 25% (326 shares) on the third anniversary of grant and 50% (652 shares) on the fourth anniversary of grant. Vested shares are delivered as soon as practicable after they vest.
- 2. Includes 5,531 shares of Common Stock subject to awards of restricted stock units.
- 3. All options exercisable for shares of Issuer's Common Stock, \$1 par value.
- 4. Options to acquire 825 shares become exercisable on each of 5/1/2014, 5/1/2015, 5/1/2016 and 5/1/2017.

Remarks:

05/03/2013 Bruce Goldstein

** 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.