FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average I	hurdon								

0.5

hours per response:

Check this box if no long	jer subject to
Section 16. Form 4 or Fo	orm 5
obligations may continue	e. See
Instruction 1(b)	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01.5	ecuo	11 30(11)	or the r	nvesime	iil Coi	прапу Аст	01 18	140									
1. Name and Address of Reporting Person*  CHIRICO EMANUEL						2. Issuer Name and Ticker or Trading Symbol PHILLIPS VAN HEUSEN CORP /DE/										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CHIRICO EMANOEL					PVI	PVH ]										Direc	ctor 10%		10% C	wner		
(Last)	(Fi	rst) (	Middle)										X	X Officer (give title below)		Other (specify below)						
C/O PHII	LIPS-VAN	N HFLISEN COE	RP∩R AT	ION		3. Date of Earliest Transaction (Month/Day/Year)											Chairman & CEO					
C/O PHILLIPS-VAN HEUSEN CORPORATION 200 MADISON AVENUE				03/22/2010																		
200 MADISON AVENUE				4 15	If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					4. 17	Amer	nament,	Date o	r Origina	ı Filed	i (Month/Da	ay/ YE	ear)		Line)	viduai o	r Joint/Group	Filing (C	леск А	pplicable		
(Street) NEW YC	RK N	<b>∵</b> 1	10016												X	Forn	n filed by One	Reporti	ng Pers	on		
NEW IC	IXIX IV		10010													Forn	n filed by Mor	e than O	ne Rep	orting		
																Pers	on		·	· ·		
(City)	(St	ate) (	Zip)																			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, o	r Be	enefi	cially	Owne	ed					
Dat			2. Transaction Date (Month/Day/Year)		Ex	2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Securi Benefi Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	ount (A) or (D)		r Pı	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock, \$1 p	ar value		03/22/	2010	010 A 13,391 <sup>(1)</sup> A \$0 190,313 <sup>(2)</sup> D					,											
Common	Stock, \$1 p	ar value		03/22/	2010				F		5,139 <sup>(3</sup>	3)	D	\$	55.43	185,174 <sup>(2)</sup> D						
Common Stock, \$1 par value													8,034.152		I		By 401(k) plan					
		Та	ıble II -	Derivati	ve Se	ecui	rities	Acqu	ired, D	ispo	sed of,	or E	Bene	eficia	ally O	wned						
			(	(e.g., pu	ıts, ca	alls,	warr	ants,	option	s, c	onvertib	le s	secu	ıritie	s) ¯							
L. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any		I. Fransaction Code (Instr. 3)		ı of li		6. Date E Expiratio (Month/D	n Dat	e Amount of		Der Sed (Ins	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owr Forr Dire or Ir (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Evercisa		Expiration	Titl	C	Amour or Numbe of	er							

## **Explanation of Responses:**

- 1. Represents shares received upon settlement of a performance share award.
- $2.\ Includes\ 161,\!625\ shares\ of\ Common\ Stock\ subject\ to\ awards\ of\ restricted\ stock\ units.$
- 3. Represents shares withheld to satisfy the Reporting Person's tax obligations with the settlement of the performance share award described in Note (1) above.

## Remarks:

Emanuel Chirico

03/24/2010

\*\* 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.