FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| ı | hours per response: | 0.5 | | | | | | | | |

| | ion 1(b). | nue. See | | File | ed pursi | uant to | Section | n 16(a |) of the S | Securi | ties Exchan | ge Act | t of 19 | 34 | | nour | s per | response: | 0.5 |
|--|---|--|---|---------|--|---|---|--|--|----------|-----------------------|---|--|--|---|---|--|---|--|
| | . , | | | | | | | | | | mpany Act | | | | | | | | |
| 1. Name and Address of Reporting Person* CHIRICO EMANUEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| | C/O PVH CORP. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/25/2015 | | | | | | | | | X Officer (give title below) Chairm | | | Other (specify below) | |
| 200 MADISON AVENUE (Street) NEW YORK NY 10016 | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | itate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or | Ben | efici | ally Owr | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (D) | | | | | | 5. Amount of Securities Beneficially Owned Follow Reported | | Fo (D) | Ownership orm: Direct O) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | Tran | saction(s) r. 3 and 4) | | | (111501.4) |
| Common Stock, \$1 par value 06/25/2 | | | | 2015 | 015 | | | | | 10,487(1 | l) | D | \$116 | 5.25 1 | 11,476(2) | Τ | D | | |
| Common Stock, \$1 par value | | | | | | | | | | | | | 8, | 8,952.4473 | | I | By 401(k) plan | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | mber ares | | | | | |

Explanation of Responses:

- 1. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 20,334 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- 2. Includes 42,560 shares of Common Stock subject to awards of restricted stock units.

Remarks:

Emanuel Chirico 06/26/2015

** 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.