FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Shaffer Michael A | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PVH CORP. /DE/ [PVH] | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (specify | | Owner | |
|--|--|--|------|------------------------------|---------|---|---|---------------------|--|--------------|--|---|-------|-----|---------------------------------|--|--|---|--|---|-------|--|
| | (Last) (First) (Middle) C/O PVH CORP. 200 MADISON AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2018 | | | | | | | | | | belov | v) `` | below) O and CFO | | | |
| (Street) NEW YORK NY 10016 (City) (State) (Zip) | | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Tabl | e I - No | n-Deriv | /ative | Se | curiti | es Ac | quired | , Dis | posed o | f, or | Ber | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | | Execution | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | Amount (A) o | | Price | | | action(s) 3 and 4) | | | (111501.4) | | | | |
| Common Stock, \$1 par value 04/03/2 | | | | | | | 2018 | | | F | | 615(1) | | D | \$15 | 5.16 | 27 | 27,579 ⁽²⁾ | |) | | |
| Common Stock, \$1 par value | | | | | | | | | | | | | | | | 6,710.3171 | | | I | By 401(k) Plan | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Resolved to the conversion of the conversion o | | | 4. Transa Code (8) | | of Deri Second Acq (A) of Disp | osed)) r. 3, 4 | Expiration (Month/I | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | ce of rative rity : 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents shares withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 1,808 restricted stock units. The restricted stock units were reported as directly owned shares at the time they were granted.
- 2. Includes 13,958 shares of Common Stock subject to awards of restricted stock units.

Remarks:

Michael A. Shaffer 04/05/2018

** 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.