FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

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|--|---|--|---|--------------|---|---|------------|--------------------|--|---------|--|---|---------------|---|--|--|---|--|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* FLEISHMAN JOEL LAWRENCE | | | | | 2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | 1 | | | | | ' | , | | | | X | Direc | ctor | | 10% C | wner | | |
| (Last) (First) (Middle) RALPH LAUREN CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018 | | | | | | | | | | Officer (give titl below) | | | Other below) | (specify | |
| | _ | | JIN | | | | | | | | | | | | | | | | | | |
| 650 MADISON AVE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| NEW YORK NY | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Ta | ble I - No | n-Deriv | ative | Se | curitie | s Acc | uired, | Disp | posed o | of, o | r Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | Dispose | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Sec Ben Owr | | cially I Following | 6. Own Form: (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , I | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Class A Common Stock 06/0 | | | | | 3/2018 | 3 | | | G | V | 700 | | D | \$0 | | 12,049(1) | |] | D | | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior r) if any (Month/Da | Date, | Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | nership m: ect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration | Amour or Numbe of Title Shares | | nber | | | | | | | |

Explanation of Responses:

1. Of the total amount of Class A Common stock beneficially owned by the Reporting Person, 5,589 shares are held indirectly in retirement accounts.

Avery S. Fischer, Attorney-in-

Fact for Joel Lawrence

Fleishman

** Signature of Reporting Person Date

06/12/2018

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.