INFORMATION TABLE FOR FORM 4. Modify information here; it will be automatically updated in Form 4. IT IS NOT NECESSARY TO PRINT THIS PAGE. DO NOT DELETE THIS PAGE.

Last Name of Reporting Person First Name of Reporting Person Middle Name of Reporting Person Street Address of Reporting Person

City of Reporting Person State of Reporting Person Zip Code of Reporting Person Statement for Month/Year IRS or SS # of Reporting Person Issuer Name Ticker/Trading Symbol c/o Warner Brothers, 4000 Warner Boulevard, Executive Suite Burbank California 91522 4/98 Polo Ralph Lauren Corporation (RL)

Semel

Terry

If Amendment, date of Original (otherwise blank) Information for Signed Pursuant Filed by One Reporting Person (X or blank) Filed by More than One Reporting Person (X or blank)

Relationship of Reporting Person to Issuer: (Place an X where appropriate: leave others blank.)

Director 10% Owner Officer (* indicate below) Other (* indicate below) * Specify: [X]

U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

FORM 4 [] CHECK THIS BOX IF NO LONGER

SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(B).

1. Name and Address of Reporting Person *

Semel (Last)	Terry (First)	(Middle)
c/o Warner Brothers,	4000 Warner Boulevard, (Street)	Executive Suite
	a 1:6	

Burbank	California	91522
(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol

Polo Ralph Lauren Corporation (RL)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement of Month/Year

4/98

5. If Amendment, Date or Original (Month/Year)

6. Relationship of Reporting Person to Issuer (Check all applicable)

х	Director	10% Owner	
	Officer (give title below)	Other (specify below)	

OMB APPROVAL

OMB Number: 3235-0287 Expires: September 30, 1998 Estimated average burden hours per response 0.5

7. Individual or Join/Group Filing (Check Applicable Line)

х	Form	filed	by	0ne	Reporting	Person
			~)			

Form filed by More than One Reporting Person

TABLE I-- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

1. Title of Security (Instr. 3)	 Transaction Date (Month/ Day/ 	3. Trans- action Code (Instr. 8)	4. Securities or Disposec (Instr. 3,	lof(D)	5. Amount of Securities Beneficially Owned at End of	6. Owner- 7. Nature ship of In- Form: direct Direct Bene- (D) ficial
	Year)	Code	Amount	A) or Price D)	Month (Instr. 3 and 4)	Indirect Owner- (I) ship (Instr. 4) (Instr. 4)
Reminder: Report on a separa * If the form is filed by mo					ectly or indirect	Ly. (Over) SEC 1474 9-96)

Title of Deriva Security (Instr	ty (Instr. 3) sion or action Exercise Date Price of Deriv- (Month/ ative Day/		action Date (Month/ Day/	4. Transac- 5. tion Code (Instr. 8)			Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)			cisable and Ex- piration Date			
			Security		Year)	Code	V	((A)	(D)	Exe	e r- able	
ption issued purs 997 Stock Option mployee Directors	Plan for Non-				4/1/98	А	V	3,	, 000			(1)	4/1/08
·	unt of curities		Price Deriv ative Secur- ity (Instr. 5)		Number of Deriv- ative Secur- ities Bene ficially Owned at End	10.	Owner- ship Form of De- rivative Secu- rity: Direct (D) or		. Na- ture of In- direct Bene- ficial Own- ership (Instr.	4)			
. Title and Amo Underlying Se	unt of curities		Deriv ative Secur- ity (Instr.		Number of Deriv- ative Secur- ities Bene ficially Owned	10.	ship Form of De- rivative Secu- rity: Direct		ture of In- direct Bene- ficial Own- ership	4)			

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

Explanation of Responses:

FORM 4 (CONTINUED)

(1) The option was granted on April 1, 1998. The option vests and becomes exercisable with respect to 50% of the shares of Class A Common Stock subject to the option on each of the first and second anniversaries of the date of the grant.

- ** 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 provided is insufficient, SEE Instruction 6 for procedure.

/s/ Terry Semel	April 16, 1998
**Signature of Reporting Person	Date

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Page 2 SEC 1474 (9-96)