FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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		, .			-	inpurity Act of									
Name and Address of Reporting Person* Findley Linda					2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
rindley Linda															X Director			10% Ov	vner	
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023										cer (give title w)		Other (s below)	specify	
RALPH LAUREN CORPORATION						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
650 MADISON AVENUE				4. If Americanetti, Date of Original Filed (Month/Day/Year)								Line	Line)							
,					1											X Form filed by One Reporting Person				
(Street) NEW YO	(Street) NEW YORK NY 10022					Form filed by N Person									fore than One Reporting					
					Rule 10b5-1(c) Transaction Indication															
(City)	(C)	roto) (7	7in\		' '	uic 1000-1(c) Halisaction mulcation														
(City)	(5)	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ended to		
		Table	l - Noi	n-Deriva	tive S	ecui	rities	Acq	uired, I	Disp	osed of	, or	Ben	eficia	ılly Ow	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	Deemed cution Date, ny nth/Day/Year)		3. 4. Securitie Disposed Code (Instr. 8)						Secu Bene Owne	ficially ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										T T			Follo Repo		(instr.	4)	(Instr. 4)			
									Code	٧	Amount	(A (D	A) or (Price		action(s) . 3 and 4)				
Class A C	Common St	ock		07/14/2	2023				A		9.87(1)		A	\$ <mark>0</mark> (1	7,	7,658.47		D		
		Tab		Derivativ												ed	,			
				(e.g., pu	ts, cal	ls, v	varra	ants,	options	s, c	onvertib	le s	ecur	ities)						
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f 1 3 1	3. Price of Derivative Security Instr. 5)		y G G O (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount mber ures						

Explanation of Responses:

1. Represents restricted stock units of the Issuer's Class A Common Stock payable as a result of the payment of a cash dividend on the Issuer's Class A Common Stock. The restricted stock units are payable solely in shares of the Issuer's Class A Common Stock issued to the Reporting Person in respect of restricted stock units previously granted under the Issuer's 2019 Long-Term Stock Incentive

/s/ Avery S. Fischer, Attorneyin-fact for Linda Findley 07/18/2023

** 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.