FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	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
$\cup$	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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     ALCHIN JOHN R						2. Issuer Name <b>and</b> Ticker or Trading Symbol RALPH LAUREN CORP [ RL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ILLCII	11100111				. ,								<b>→</b> X	X Director			10% O	wner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023									Office	er (give title v)		Other (s	specify		
RALPH	4 If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ind	6. Individual or Joint/Group Filing (Check Applicable									
650 MADISON AVENUE						4. II Amendment, Date of Original Filed (Month/Day/Year)							Line)							
000 1/11 1	510011111									X	X Form filed by One Reporting Person									
(Street)													Form filed by More than One Reporting Person							
NEW YORK NY 10022					Dut	. 10	)hE	1(0)	Tropo		ion Ind									
,				Rule 10b5-1(c) Transaction Indication																
(City) (State) (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.															
		Table	l - Noı	n-Deriva	tive S	ecui	rities	Acq	uired, I	Disp	osed of	, or I	Bene	eficiall	y Owr	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					Executy/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securit Disposed and 5)						5. Amo Securi Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)					
Class A C	2023				A		9.87(1)	) A		<b>\$0</b> <sup>(1)</sup>	25,768.47			D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)				4. Transaction Code (Instr. 8)		ative rities ired osed	6. Date Exercisable at Expiration Date (Month/Day/Year)			d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (In	Price of rivative curity str. 5)	ative derivative rity Securities		LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

## 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 John Alchin 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.