FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANG | SES IN BENEFICIAL | OWNERSHIP |
|--------------------|-------------------|-----------|
| | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>ALCHIN JOHN R</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol POLO RALPH LAUREN CORP [RL] | | | | | | | | | Check all a | ship of Reportir applicable) rector | ng Person | g Person(s) to Issuer 10% Owner | |
|---|---|--|---|----------------|--|---|---------|--------|--|-------|---|---|------------------------|---------------------|--|---|---|--|------------|
| (Last) 1500 MA | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2007 | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| (Street) PHILADELPHIA PA 191022146 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fe | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Acc | quired, | Dis | osed o | f, or | Bene | eficia | ally Ow | ned | | | |
| Dat | | | 2. Trans Date (Month/I | n/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd Sed Ber Ow | mount of urities eficially ned Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A (I | A) or D) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Class A Common Stock | | | 08/10 | 0/2007 | | | | | | 2,000 |) | Α | \$7 | 7 | 4,000 | D | | | |
| | | Та | ble II - D (e | | | | | | | | sed of, onvertib | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of Sha | nber | | | | | |

Explanation of Responses:

Yen D. Chu, Attorney-in-Fact 08/13/2007

** 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.