FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
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| Nashington, | D.C. | 20049 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Walker Darren | | | | | 2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL] | | | | | | | | | ck all app Direc | tor | ng Pers | 10% Ov | vner | |
|--|--|-----------|---------|------------------------------|---|--------|--|-----|--|--|---|---|---|---------------------|--|--|----------|---|--|
| (Last) (First) (Middle) RALPH LAUREN CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023 | | | | | | | | | Office below | er (give title | | Other (s | specify | |
| 650 MA | OISON A' | /ENUE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 0022 | | | | | | | | | | | X | | filed by On filed by Mo on | • | • | |
| (City) | (\$ | itate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | า-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | 3enet | ficiall | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date | | Date, | Code (Instr. | | | | A) or , 4 and | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | Code | v | | | Amount | (A) | or | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Class A Common Stock 04/14/2 | | | | 2023 | | | | A | | 10.21(1) | | A | \$0 ⁽¹⁾ | 5, | 127.6 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | med on Date, Day/Year) | 4. Transa Code (8) | Instr. | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share | | Str. Do | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

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 Plan.

/s/ Avery S. Fischer, Attorney-04/18/2023 in-Fact for Darren Walker

** 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.