FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	<b>CHANGES</b>	IN BE	NEFICIAL	OWNE	RSHIP

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*					2. Issuer Name and Ticker or Trading Symbol POLO RALPH LAUREN CORP [ RL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
FARAH ROGER N						To be the second of the second								X Dire		ctor 10%		10% O	wner	
(Last) (First) (Middle)				3. D	Date of Earliest Transaction (Month/Day/Year)								X Office below		ficer (give title low)		Other (specify below)			
POLO RALPH LAUREN CORP					06/	06/15/2010								President & COO						
650 MADISON AVE					$\vdash$															
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
NEW YORK NY 10022												X Form filed by One Reporting Person								
													Form filed by More than One Reporting Person					orting		
(City)	(St	ate) (	Zip)																	
		Tabl	e I - N	on-Deriv	ative	Seci	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefici	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 9)				and 5)		Securities F Beneficially (		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111341. 4)	
Class A Common Stock 06/15/20					010				S <sup>(1)</sup>		6,167	D	\$82.8	19 <sup>(2)</sup> 288,927.4		3,927.46	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any		if any	emed ion Date, //Day/Year)  4. Transaction Code (Instr. 8)			5. Nur of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously established by the reporting person.
- 2. The price represents the weighted average sale price for multiple transactions reported on this line. The prices of the transactions ranged from \$82.65 to \$82.99. Upon request of the SEC staff, Polo Ralph Lauren Corporation (the "Company") or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold at each separate price.

Yen D. Chu, Attorney-in-Fact 06/16/2010

\*\* 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.