FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

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0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(0). 0	ee mstruction	10.																	
1. Name and Address of Reporting Person* GEORGE MICHAEL A						2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>OEOR</u>	OL MIC	HALL A													✓ Dire	ector		10% O	wner
(Last) RALPH	,	First) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024								Offi belo	cer (give title ow)		Other (: below)	specify	
650 MADISON AVENUE				4. If /	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Lin	ne) 🚺 For	m filed by Or	ne Rep	orting Pers	on
NEW YO	ORK N	Y 1	.0022													m filed by Mo son	ore tha	n One Rep	orting
(City)	(\$	State) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A I Of (D) (Instr. 3,		I (A) oi	nd Secu Bene	nount of rities ficially ed Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (C	A) or D)	Price	Trans	Fransaction(s) Instr. 3 and 4)			(111341. 4)	
Class A Common Stock 10/11/2				/2024				A		4.06(1)		A	\$ <mark>0</mark>	1) 15	15,551.06 ⁽²⁾		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)	ve Conversion Date Execution Dorest Or Exercise (Month/Day/Year) if any		on Date,	Code (Instr.		of		6. Date Exercisable an Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price o Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercis	able	Expiration Date	Title	or Nui of	ount mber ares					

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
- 2. The total also reflects a deduction for cash paid in lieu of approximately 0.8 fractional shares of the Issuer's Class A Common Stock upon vesting of previously-granted restricted stock units.

/s/ Avery S. Fischer, Attorneyin-Fact for Michael A. George

10/15/2024

** 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.