FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| Check this box if no longer subject | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|
| to Section 16. Form 4 or Form 5 | | | | | | | |
| obligations may continue. See | | | | | | | |
| Instruction 1(b). | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

| Name and Address of Reporting Person* GEORGE MICHAEL A | | | | | 2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL] | | | | | | | | | (Che | elationship eck all app Oirec | , | ng Per | rson(s) to Is | |
|--|--|------------|---|----------------|--|---|--|-------------|--------|--|----------|------------|---|--|-------------------------------------|--|--|---|-------------|
| (Last) RALPH | (Fi | est) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2022 | | | | | | | | | _ | er (give title | | Other (below) | · I |
| 650 MADISON AVENUE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW Y | ORK N | <i>7</i> 1 | 0022 | | | | | | | | | | 2 | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | า-Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or E | 3ene | ficial | ly Own | ed | | | |
| Date | | | 2. Transa Date (Month/Da | ay/Year) Exe | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction | | | | | , 4 and Secur Benet | | cially Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | ransaction(s) nstr. 3 and 4) | | | (111511. 4) |
| Class A Common Stock 01/07 | | | | 01/07/ | /2022 | | | | A | | 8.31(1) | A : | | \$0 ⁽¹⁾ | 11,553.91 | | 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) | f 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 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

/s/ Avery Fischer, Attorney-in-01/11/2022 Fact for Michael A. George

** 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.