FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasilington,	, D.C. 200 4 3	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

Instruc	tion 1(b).		File							ities Excha					Lilouis	porto	эропас.	0.5
Name and Address of Reporting Person* Louvet Patrice				2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Louvet	<u>Patrice</u>			107		LIII		71 1	CORI				X	Direc	tor		10% O	wner
(Last)	(Fi	rst) (M	Middle)		Date of Earliest Transaction (Month/Day/Year) 11/27/2023							X Officer (give title below)				Other (s	specify	
RALPH LAUREN CORPORATION				11/2	11/2//2025								President and CEO					
650 MADISON AVENUE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X Form filed by One Reporting Person					
NEW YO	ORK N	Y 1	0022									Form filed by More than One Reporting Person					orting	
(City)	(St	ate) (Z	Zip)	Ru	le 10	0b5-1(c) Transaction Indication												
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Non-Deriv	ative	Secu	rities	Acc	quir	ed, Di	sposed (of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye)		ear) E	2A. Deemed Execution Date if any (Month/Day/Yea		Cod		ransaction Disposed Of (nd 5) Secur Benef Owne		ities For icially (D) d Following Ind		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
							C	ode	V A	mount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(iiist	4)	(Instr. 4)
Class A C	Common St	ock	11/27/202	.3				S		95,754	D	\$124.93	93(1)(2)		91,972 D			
		Tal	ole II - Derivat								•		•	wne	d			
				_	alis, v						_	ecurities	i					1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	tth/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, Code (Instr. 8) Sec Acq (A) 0 Disp of (I (Instr. 8)			vative (Month/Day/Year) Serurities ulred or oosed b) r. 3, 4			itle and ount of urities derlying ivative urity (Instr. nd 4)	8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	Code V (A) (D)		Dat Exe	te ercisable	Expiration Date	n Titl	Amount or Number of Shares							

Explanation of Responses:

- 1. These sales were made pursuant to a Rule 10b5-1 sales plan adopted by the reporting person on August 15, 2023, in connection with a long-term strategy for estate planning and investment diversification.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$124.90 to \$125.00, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.

/s/ Avery S. Fischer, Attorney-11/2<u>9/2023</u> in-Fact for Patrice Louvet

** 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.