FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

						0, 000	tion	0(11) 0	i tiic i	IIVCStilici		IIIpariy Act C	71 10-11								
1. Name and Address of Reporting Person* <u>LAUREN RALPH</u>						2. Issuer Name and Ticker or Trading Symbol RALPH LAUREN CORP [RL]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) $\frac{X}{\text{Director}} \frac{X}{\text{10\% Owner}}$					
(Last)	(Last) (First) (Middle) RALPH LAUREN CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023									,	Office below Exc	specify				
650 MADISON AVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW Y	ORK NY 10022													2	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (ADISPOSE OF (D) (Instr. 3 5)				, 4 and Sec Ben Owi Foll		wing		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (C	() or ()	Price		orted saction(s) r. 3 and 4)					
Class A Common Stock 07/14/20)23			A		3,958.72	(1)	A	\$0 ⁽¹⁾	981	1,527.55		D			
Class A Common Stock													3	35,854			By Trust ⁽²⁾				
	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 3. Transaction Date (Month/Day/Year Month/Day/Year Month				Execu if any	if any		4. Transaction Code (Instr. 8)		vative rities iired r osed)	6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		S (I	. Price of Perivative Pecurity Pastr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						

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 and 1997 Stock Incentive Plan.
- 2. These shares of Class A Common Stock are held by a revocable trust of which the reporting person is sole trustee and sole beneficiary.

/s/ Avery S. Fischer, Attorneyin-Fact for Ralph Lauren 07/18/2023

** 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.