FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIA | L OWNERSHIP |
|-----------------------------------|-------------|
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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* ARONSON ARNOLD H | | | | | | 2. Issuer Name and Ticker or Trading Symbol POLO RALPH LAUREN CORP [RL] | | | | | | | | | | | onship o all applic Directo | cable) | ig Pers | son(s) to Iss 10% Ov | Solssuer Solsoner | | |
|--|---|--|---|-------|---|---|--------------------|-----|--|---|----|----------------|--|-------|---|---|---|---|----------|--|---------------------------------------|--|--|
| (Last) (First) (Middle) POLO RALPH LAUREN CORP 650 MADISON AVE | | | | | 04/ | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2010 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | below) | (give title | o Filino | Other (s below) | | | |
| (Street) NEW YORK NY 10022 | | | | | - | 4. II Amendinent, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Tran- Date (Month | | | saction | ear) | 2A. Deem Execution if any (Month/D | 3. Transaction Code (Insti | | | 4. Secur | of, or Benefic urities Acquired (A) sed Of (D) (Instr. 3, | | |) or 5. A 4 and Sec Bei Ow | | i. Amount of Securities Beneficially Dwned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | | Code | v | Amount | ount (A) (D) | | Price | Reported Transaction (Instr. 3 au | | ion(s) | | | (1130.4) | | |
| Class A Common Stock 04/0 | | | | | 1/201 | /2010 | | | | A | | 546 | 5 | A | \$0 | | 5,988 | | D | | | | |
| Class A Common Stock | | | | | | | | | | | | | | 3,000 | | 000 | I | | By Wife | | | | |
| | | ٦ | able II - | | | | urities s, warr | | | | | | | | | / Ow | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yes | | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | Security | Deri Seci | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | piration te | Title | | Amount or Number of Shares | | | | | | | | |
| Non- Employee Director Stock Option (Right to | \$86.21 | 04/01/2010 | | | A | | 1,356 | | | (1) | 04 | //01/2017 | Class Comm Stock | on | 1,356 | | \$0 | 1,356 | | D | | | |

Explanation of Responses:

1. The options vest and become exercisable in three equal annual installments beginning on April 1, 2011.

Yen D. Chu, Attorney-in-Fact 04/05/2010

** Signature of Reporting Person

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.