| FORM | 4 |
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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). |
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(Drint or Type P

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Fint of Type Responses) | | | | | | | | | | | |
|--|--|--|------------|-----------|--|---|---|--|-------------------|-------------------------|--|
| 1. Name and Address of Reporting Person [*] CRUTCHFIELD EDWARD E | 2. Issuer Name and V F CORP [VFC | | Fradin | ıg Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | |
| (Last) (First) 105 CORPORATE CENTER BOUI | DILLDD | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2004 | | | | | | Officer (give title below)Oth | ner (specify belo | w) | |
| (Street) GREENSBORO, NC 27408 | 4. If Amendment, Date 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) (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | (Instr. 8) | ion V | 4. Securi (A) or Di (Instr. 3, Amount | sposed o 4 and 5) (A) or | of (D) | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | | (<i>e.g</i> ., put | is, ca | uis, war | rant | s, options, con | vertible securit | ies) | | | | | |
|---|------------|--------------------------|---|---------------------|-----------|----------------------------------|------|--|--------------------|--|--|--------------------------------------|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion) | 5. Number on of Derivative | | 6. Date Exerci Expiration Dat (Month/Day/Y | e ear) | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$ 44.80 | 02/13/2004 | | А | | 4,800 | | 02/13/2005 | 02/12/2014 | Common Stock | 4,800 | \$ 0 | 4,800 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| CRUTCHFIELD EDWARD E 105 CORPORATE CENTER BOULEVARD GREENSBORO, NC 27408 | Х | | | | | | |

Signatures

Mark R. Townsend for Edward E. Crutchfield (pursuant to Signing Authority on file)

02/17/2004

Date

Signature of Reporting Person

Explanation of Responses:

* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.