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).

(Print or Type Responses)

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

| 1. Name and Address of Reporting Person* MCDONALD MACKEY J (Last) (First) (Middle) P O BOX 810, 100 CRYSTAL A DIRVE | | | | 2. Issuer Name and Ticker or Trading Symbol V F CORP [VFC] 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2006 | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner X_ Officer (give title below) Other (specify below) CHAIRMAN, PRESIDENT & CEO | | | | |
|--|---|---|--|---|---|--|-----|--|--|--|---|---|---|--|------------|
| | | | | | | | | | | | | | | | |
| (City | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo | | | 2A. Deemed Execution Date, if ary (Month/Day/Year) | | Date, if | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount (A) or Price | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | · | Ownership of Form: | 7. Nature of Indirect Beneficial Ownership Instr. 4) | |
| Reminder, 1 | Report on a se | eparate line for each | | - Deriva | tive | Securities | Acq | Persons in this f a currer uired, Dispo | s who respond orm are not rently valid OME sed of, or Beneavertible securi | equired to B control n ficially Own | respond u umber. | | | | 474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | Transaction Deri Code Secu (Instr. 8) Acqu or D (D) (Inst | | Derivative Securities Acquired or Dispos | Expirative (Month Obsposed of Str. 3, 4, | | ion Date of U /Day/Year) Sec | | d Amount ing d 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownersh Form of Derivativ Security: Direct (D or Indirec | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Non- Qualified Stock Option (right to buy) | \$ 56.80 | 02/10/2006 | | A | | 273,000 | | (1) | 02/09/2016 | Commor Stock | 273,000 | \$ 0 | 273,000 | D | |

Reporting Owners

| P (O N / | Relationships | | | | | | |
|---|---------------|--------------|---------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| MCDONALD MACKEY J P O BOX 810 100 CRYSTAL A DIRVE HERSHEY, PA 17033-0810 | X | | CHAIRMAN, PRESIDENT & CEO | | | | |

Signatures

| By: Mark R. Townsend for Mackey J. McDonald For: (Pursuant to Signing Authority on File) | 02/13/2006 |
|--|------------|
| **Signature of Reporting Person | Date |

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).
- (1) This option vests as follows: 91,000 shares vest on 2/10/2007; 91,000 shares vest on 2/10/2008; and 91,000 shares vest on 2/1

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.