## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

#### 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

(Fillit of Ty	pe Response	3)													
1. Name and Address of Reporting Person * MEAGHER LAURA C				2. Issuer Name and Ticker or Trading Symbol V F CORP [VFC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 105 CORPORATE CENTER BLVD				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019											
(Street)			4. If Aı	4. If Amendment, Date Original Filed(Month/Day/Year)											
	SBORO, N														
(City	")	(State)	(Zip)		7	Table I - I	lon-D	erivative	Securiti	ies Acqu	ired, Disp	osed of, or l	Beneficially (	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Execution	2A. Deemed Execution Date, if any (Month/Day/Year		action	on 4. Securities Acquired (a or Disposed of (D) (Instr. 3, 4 and 5)			A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial	
				(Month/I			V	Amount	(A) or (D)	Price	(Instr. 3	(		` /	Ownership (Instr. 4)
Common	Stock		02/11/2019			S		8,894	D \( \frac{9}{8} \)	\$ 85.390	4 24,015	.209		D	
Reminder:	Report on a s	separate line	for each class of se	curities ben	neficially	owned dir	Pe	rsons wl	ho resp			ction of inf	formation spond unle		1474 (9-02)
Reminder:	Report on a s	separate line			-		Pe co the	rsons wh ntained i e form di	ho resp in this f splays	form ar a curre	e not requ	uired to res		ss	1474 (9-02)
			Table I	- Derivati	ive Securits, calls, v	ities Acqı varrants,	Pe co the	rsons wl ntained i e form di Disposed ns, conver	ho resp in this f splays of, or Be	form ar a curre seneficia curities)	e not requently valid	uired to res	spond unle	ss	, ,
1. Title of Derivative Security		3. Transacti	Table II on 3A. Deeme	- Derivati (e.g., put d 4. Date, if Tr	ive Securits, calls, v	ities Acqu varrants,	Pe conthe	rsons whentained in the form disposed	of, or Bortible sec	seneficia curities) 7. T Am Uno	e not requently valid	OMB con 8. Price of	spond unle	of 10. Ownersh Form of Derivatii Security Direct (I or Indire	11. Naturity of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MEAGHER LAURA C 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408			Vice Pres. & General Counsel				

### **Signatures**

/s/ Mark R. Townsend for Laura C. Meagher (Pursuant to Signing Authority on File)	02/13/2019
**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).

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.