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 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

(Print or Type Resp	onses)																	
1. Name and Address of Reporting Person* SHARP M RUST				2. Issuer Name and Ticker or Trading Symbol V F CORP [VFC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner					
(Last) (First) (Middle) A. VARACCHI (THE "TRUSTS") (1) (2), 1600 MARKET ST., 29TH FLOOR, PO BOX 7648				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2005							Office	r (give title belo	w)	Other (specify	below)			
(Street) PHILADELPHIA, PA 19103			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person								
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							ities A	Acqui	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		Date		any	eemed tion Date h/Day/Y			. 8)	tion	4. Secur (A) or D (Instr. 3,	4 and (A) or	d of (5)		Benefici	nt of Securit ally Owned I Transaction and 4)	Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	ζ	03/02	2/2005				S			20,000 (2)	D	\$ 60.3 (4)	3674	21,881	,403 (1) (2)	1 (3)	I (1) (2) (3)	Trustees of the Trust
Reminder: Report	on a separate	e line for each	Table II -	Deriva	ntive Sec	curit	ies Ac	equire	Per con the	sons what ained in form disposed	no res n this splay	forn s a c	n are urrer ficiall	not requ ntly valid	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3) Price of Deriva Securit	rsion Date (Mont of tive	th/Day/Year)	3A. Deemed Execution Da	nte, if	4.	tion	5.	rative rities ired rosed) . 3,	6. I and (Me	Date Exer Date Expirati Onth/Day	cisable on Dat /Year)	e te	7. Ti Amo Undo Secu (Inst 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Ownersh (Instr. 4) D) ect

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SHARP M RUST A. VARACCHI (THE "TRUSTS") (1) (2) 1600 MARKET ST., 29TH FLOOR, PO BOX 7648 PHILADELPHIA, PA 19103	X	X				
FAIRBAIRN URSULA F A. VARACCHI (THE "TRUSTS") (1) (2) 1600 MARKET ST., 29TH FLOOR, PO BOX 7648 PHILADELPHIA, PA 19103	X	X				

Signatures

Ursula F. Fairbairn	03/03/2005			
**Signature of Reporting Person	Date			
M. Rust Sharp	03/03/2005			
**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).
- This form does not constitute an admission by the selling trust or the Trustees that the selling trust is a 10% owner of VFC or that the shares which it beneficially owns ought to be aggregated with those shares beneficially owned by the other Trusts to determine whether the selling trust is a 10% owner.
- (2) This form does not constitute an admission by the Trustees that the shares held by the Trusts or disposed of by the Trusts are or were beneficially owned by the Trustees and is being filed to disclose the sale of shares by the Trusts only and not by the Trustees in their individual capacity.
- (3) The shares represent only those shares owned by the Trusts and do not include the 43,916 shares owned directly by M. Rust Sharp and the 48,652 shares owned directly by Ursula Fairbairn.
- (4) Per share

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.