| FORM 4 | 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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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

| (Print or Type Response | es) | | | | | | | | | | |
|-------------------------------------|--------------------------|--|--|---------------|-------|-----------|----------------|---|-------------------|-------------|------------|
| 1. Name and Address of 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 10% Owner | | | |
| 105 CORPORATE | (First) E CENTER BLVE | | 3. Date of Earliest Tr 02/16/2010 | ransaction (1 | Montl | h/Day/Yea | ar) | Officer (give title below)Ot | her (specify belo | ow) | |
| | 4 | 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 | | | |
| GREENSBORO, N | | | | | | | | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security | | 2. Transaction | n 2A. Deemed 3. Transaction 4. Securities Acquired 5. Amount of Securities Beneficially 6. | | | | | | 6. | 7. Nature | |
| (Instr. 3) | | Date | Execution Date, if Code (A) or Disposed of (D) | | | | | Owned Following Reported | Ownership | of Indirect | |
| | | (Month/Day/Year) | (Instr. 8) (Instr. 3, 4 and 5) | | | | Transaction(s) | | Beneficial | | |
| | | | (Month/Day/Year) | | | | | | (Instr. 3 and 4) | | Ownership |
| | | | | | | | | | | or Indirect | (Instr. 4) |
| | | | | | | | (A) or | | | (I) | |
| | | | | Code | V | Amount | (D) | Price | | (Instr. 4) | |

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

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|---|------------------|------------------|----------------------------------|---------------|------|------------|--|-------------------------------------|--------------------|---|--|---------------------------|--|---|---------------------------------------|
| | 2. Conversion | | 3A. Deemed Execution Date, if | 4. Transac | tion | | | 6. Date Exercis | | 7. Title and | | 8. Price of Derivative | 9. Number of | 10. Ownership | 11. Nature |
| Security (Instr. 3) | | (Month/Day/Year) | | Code | | Derivative | | Expiration Date (Month/Day/Year) | | of Underlying Securities (Instr. 3 and 4) | | Security (Instr. 5) | Securities Beneficially Owned Following | Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| 2010 Non- Qualified Stock Option (right to buy) | \$ 74.85 | 02/16/2010 | | А | | 3,138 | | 02/16/2011 | 02/15/2020 | Common Stock | 3,138 | \$ 0 | 3,138 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| SHARP M RUST 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408 | Х | | | | | | |

Signatures

| Mark R. Townsend for M. Rust Sharp (Pursuant to Signing Authority on File) | 02/17/2010 |
|--|------------|
| 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.