FORM \$	5
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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).
Form 3 Holdings Reported

Form 4 Transactions

Reported

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

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ANNUAL 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 [*] SHEARER ROBERT K			2. Issuer Name and Ticker or Trading Symbol V F CORP [VFC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 105 CORPORAT	(First) E CENTER E		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011					Officer (give title below) Other (specify below) Other (specify below) CFO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
GREENSBORO, NC 27408								_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	4. Securi (A) or D (Instr. 3, Amount	isposed of	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock		12/20/2011		G	155	D	\$0	81,225	D			

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 in this SEC 2270 (9-02) 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

 (a.g., puts, calls, warrants, options, convortible securities)

(e.g., puts, cans, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature						
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	nber and Expiration Date A		Amount of		Derivative	of	Ownership	of Indirect							
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership						
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)						
	Security				Acqu	ired			4)			Owned at	Direct (D)							
					(A) or							End of	or Indirect							
					Dispo							Issuer's	(I)							
					of (D)							Fiscal Year	(Instr. 4)							
					(Instr	· · · ·						(Instr. 4)								
					4, and	4, and 5)														
										Amount										
							Data	Emination		or										
							Date Exercisable	Expiration	Title	Number										
							Exercisable	Date		of										
					(A)	(D)				Shares										

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SHEARER ROBERT K 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408			CFO				

Signatures

Mark R. Townsend for Robert K. Shearer (Pursuant to Signing Authority on File)	0	1/27/2012
-**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 provided 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.