# FORM 4

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

OMB APPRO	OVAL
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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

Print or Typ	e Responses	)																	
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) (First) (Middle) 105 CORPORATE CENTER BLVD				3. Date of Earliest Transaction (Month/Day/Year) 02/21/2012									X Officer (give title below) Other (specify below)  CFO						
(Street) GREENSBORO, NC 27408				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								
(City		(State)	(Zip)			Ta	ble I	- Non-	Deriva	ntive	Secur	ities Acqui	ired. 1	Disposed	of, or Benet	ficially Own	ed		
1.Title of Se (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Ye			2A. Deemed 3. Transa Execution Date, if Code			4. Securities or Disposed (Instr. 3, 4 a			ties Acc	uired (A) 5. Amount of Owned Follows		amount of ned Follonsaction(s	of Securities Beneficially lowing Reported n(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Be	Nature Indirect neficial wnership str. 4)	
Common	Stock										( )		1,3	1,324.21			I	by	Trust
Common	Stock		02/22/2012				S		5,51 (3)	7	1)	\$ 145.0179	86,	86,909			D		
			Table II					in t dis uired, l	his fo plays Dispos	rm a c	are no urrent f, or Bo	t required ly valid O eneficially	d to r	espond ontrol n	unless the	ion contair form	ed SE	C 147	74 (9-02)
	1	1	1	(e.g., put											ı	ı			1
1. Title of Derivative Security (Instr. 3)		Exercise (Month/Day/Year) any (Month/Day/Year) (Month/Day/Year)		4. 5. Numbe of Derivat Securities (Instr. 8) Acquired or Dispose of (D) (Instr. 3, 4 and 5)			ative es d (A) osed	titive Expiration Date of U Sect (Month/Day/Year) Sect (Inst					nderlying Deriva		8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	Owner Form Deriva Securi Direct or Indi (s) (I)	rship of Indire Benefic Owners (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(A) (D)			Expiration Date		Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)	
2012 Non- Qualified Stock Option	\$ 145.58	02/21/2012		A		22,496		Ĺ	2)	02/	20/20	22 Come Sto		22,496	\$ 0	22,496	D		

## **Reporting Owners**

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

### **Signatures**

buy)

Mark R. Townsend for Robert K. Shearer (Pursuant to Signing Authority on File	)	02/23/2012
**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).
- (1) 401(k).
- (2) This option vests as follows: 7,499 shares vest on 02/21/2013; 7,499 shares vest on 02/21/2014; and 7,498 shares vest on 02/21/2015.
  - This price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from not less than \$145.00 to not more than \$145.0724. The reporting
- (3) person undertakes to provide to VF Corporation, any security holder of VF Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.

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.