## FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenonee	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

1. Name and Address of Reporting Person *- HURST ROBERT J/NY			2. Issuer Name <b>and</b> Ticker or Trading Symbol V F CORP [VFC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner										
(Last) (First) (Middle) 105 CORPORATE CENTER BLVD				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017							Officer (giv	ve title below)	Other	(specify below	7)					
(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										
(Cit		(State)	(Zip)			Tal	ble I -	Non-Dei	rivative S	ecuri	ities Acqui	ired, Disposed	l of, or Bene	eficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)		if Coo (Ins	(Instr. 8)		4. Securities A (A) or Dispose (Instr. 3, 4 and		d of (D) (5)	5. Amount of Securities Be Owned Following Reporte Transaction(s) (Instr. 3 and 4)		d (	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership					
						(	Code	V	Amount	(A) c				(I)		(I)				(Instr. 4)
Reminder:	Report on a s	enarate line for each	class of securities be	eneficiall	v owned	irectly	or ind	lirectly												
Reminder:	Report on a s	eparate line for each	class of securities be	- Deriva	ntive Secu	rities A	Acquir	Persor in this a curre	form are ently valid	not d OM r Bei	required MB contro	to respond ol number.		ion contained form display		1474 (9-02)				
1. Title of	2. Conversion	3. Transaction	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transact Code	5. Nu ion Deriv Secur Acqu Dispo	rities A warran mber of	Acquir nts, op f 6 a (1	Persor in this a curre	form are ently validated of, of onvertible ercisable ation Date	not d OM r Bei	required MB control neficially (arities)	to respond of number. Owned  d Amount of g Securities	wnless the	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Owners Form of Derivati Security Direct () or Indire	11. Nature of Indire Beneficie Ownersh (Instr. 4)				
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transact Code	tive Secu uts, calls. 5. Nu ion Deriv Secu Acqu Dispo	rities A warral mber of ative ities red (A) sed of (	Acquirents, op f 6 a ((1)) or ((D)) and	Persor in this a curred, Disp ptions, co. 6. Date Example Expira	form are ently validosed of, of convertibles exercisable ation Date ay/Year)	not d OM r Ben secu	required MB contro meficially ( urities) 7. Title and Underlying	to respond of number. Owned  d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Owners Form of Derivati Security Direct (1	11. Naturof Indire Benefici: Ownersh (Instr. 4)				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HURST ROBERT J/NY 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	X					

### **Signatures**

Mark R. Townsend for Robert J. Hurst (Pursuant to Signing Authority on File)	04/03/2017
**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) 1 for 1
- (2) There is no date that should appear in these columns. These columns are not applicable to this particular filing.

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.