Edgar Filing: V F CORP - Form 4

| V F CORP | | | | | | | | | | | | |
|--|-----------------------------------|---------------------|---------------------------------|--|---------------------------|---|--------|---------|---|--|-----------|--|
| Form 4 | | | | | | | | | | | | |
| February 11, | 2015 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | PPROVAL | | | |
| | UNITE | D STATES | | | | ND EXC D.C. 205 | | IGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | N BENEFICIAL OWNERSHIP OF | | | | | Expires: Estimated a burden hou response | rs per | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | inue. Section 1 | 7(a) of the | | ility Ho | ldi | ng Com | pany | Act of | e Act of 1934, f 1935 or Sectio 40 | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| Salzburger Karl Heinz Symbol | | | | suer Name and Ticker or Trading ol CORP [VFC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | (Chec | k an applicable) | | | |
| (Mont | | | | Month/Day/Year) 2/09/2015 | | | | | Director 10% Owner Officer (give title Other (specify below) VP & President-International | | | |
| | | | | nendment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GREENSBO | ORO, NC 2740 | 8 | | | | | | | | fore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non- | De | rivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executio any | | Code | tior) | 4. Securiti (A) or Dis (D) (Instr. 3, 4) | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/09/2015 | | | А | | 37,957 | | \$0 | 457,957 | 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 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|--|--------------|-----------|------------------------------|-------|--|--|--|
| r g the transformer | Director | 10% Owner | Officer | Other | | | |
| Salzburger Karl Heinz 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408 | | | VP & President-International | | | | |
| Signatures | | | | | | | |
| Mark R. Townsend for Karl Heinz Salzburger (Pursuant to Signing Authority on File) | | | | | | | |
| **Signature of | 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.