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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

	e Responses	/																
1. Name and Address of Reporting Person * MCCOLLOUGH W ALAN				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							
(Last) (First) (Middle) 105 CORPORATE CENTER BLVD				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2019							(Officer (give	title below)	Ot	ner (speci	cify below)		
(Street)				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, NC 27408 (City) (State) (Zip)																		
			_						uired, Disposed of, or Beneficially Owned					37.4				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, ar) (Month/Day/Yea		Date, if	(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	f (D) Owned Follow Transaction(s				6. Owner Form:	ership of B	7. Nature of Indirect Beneficial	
					ay/ Y ear)		Code V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct or Ind (I) (Instr.	direct (I	Ownership (Instr. 4)		
Common	Common Stock		05/24/2019				,	A	978	A	\$ 0	16,208.136				D		
		e (Month/Day/Year)			Transaction of Code Deriva (Instr. 8) Securi (A) or							Owned e and Amount derlying		8. Price of	9. Number of Derivative Securities Beneficially Owned Following	Owner Form of Deriva Securit Direct		
	2. Conversion or Exercise Price of Derivative Security	Date	Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5. Num of Derivat Securit Acquire (A) or	rrantive ies ed	quired, Dis	oosed of, onvertib reisable a	or Bene le secur	ficially ities) 7. Title of Und Securi	Owner and Arterlying ties	Amount	8. Price of Derivative Security	Derivative Securities Beneficiall Owned Following	Ov Fo De Se Di	wnership orm of erivative ecurity: virect (D)	Benefic Owners (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion	5. Num of Derivat Securit Acquire	tive ies ed	equired, Dists, options, 6. Date Exe	oosed of, onvertib reisable a	or Bene le secur	ficially ities) 7. Title of Und Securi	Owner and Arterlying ties	xmount g 4)	8. Price of Derivative Security	Derivative Securities Beneficiall Owned	Ov Fo De Se Di or n(s) (I)	wnership orm of erivative ecurity: firect (D) r Indirect	of Indire Benefic Owners (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion	5. Num of Derivat Securit: Acquire (A) or Dispose of (D) (Instr. 3	tive ies ed	equired, Dists, options, 6. Date Exe	oosed of, onvertib reisable a	or Benede secur	ficially ities) 7. Title of Und Securi	Owner and Arterlying ties	axmount g	8. Price of Derivative Security	Derivative Securities Beneficiall Owned Following Reported Transaction	Ov Fo De Se Di or n(s) (I)	wnership orm of erivative ecurity: irect (D) r Indirect	of Indire Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MCCOLLOUGH W ALAN 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	X					

Signatures

Mark R. Townsend for W. Alan McCollough (Pursuant to Signing Authority on File)	05/29/2019
**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.