FORM 4

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

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(OMB Number:	3235-0287
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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

Name and Address of Reporting Person* Roberts Carol L			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						
AAR AARDAA ARRA ARRAMED DAARA			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2020					_	Officer (give	title below)	Other	(specify below)			
(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 PersonForm filed by More than One Reporting Person						
(City	у)	(State)	(Zip)			Tab	le I - I	Non-Deriv	ative Securi	ties Acquir	ed, Disposed	of, or Benef	icially Owned	l	
1.Title of So (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year) any		ear) Coc (Ins	ransade le str. 8)	(A) (In	Securities Ado or Disposed str. 3, 4 and (A) of the count (D)	or O	Amount of So wned Followi ransaction(s) nstr. 3 and 4)		. (C) F I C C (((((((((((((((((Ownership of Eorm:	Beneficial Ownership
Table II							cquir	in this fo a current ed, Dispos		required t MB control neficially O					474 (9-02)
	2. Conversion	sion Date Execution (Month/Day/Year) Execution any (Month/Da	3A. Deemed Execution Date, if	Transaction I Code S (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported		
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)		Code	Sec Acc Dis (Ins	curities quired (A posed of	(a) or (D)		ion Date	Underlying	g Securities	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivative Security: Direct (D) or Indirec	p of Indire Beneficia Ownersh (Instr. 4)
Security (Instr. 3)	Price of Derivative	(Month/Day/Year)	any	Code	Sec Acc Dis (Ins	curities quired (A posed of	(D) and		ion Date y/Year) Expiration	Underlying (Instr. 3 an	g Securities	Derivative Security	Derivative Securities Beneficially Owned Following	Ownershi Form of Derivative Security: Direct (D) or Indirec	(Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Roberts Carol L 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	X				

Signatures

Mark R. Townsend for Carol L. Roberts (Pursuant to Signing Authority on File)	03/31/2020
**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).
- Represents phantom stock units ("PSUs") accrued under the VF Corporation Directors Deferred Savings Plan ("Plan"), to be settled 100% in cash upon the reporting person's retirement. The (1) number of PSUs acquired equals the amount of Directors' fees deferred by the reporting person divided by the fair market value (average of the high and low selling prices) per share on the date of deferral. The number of PSUs beneficially owned may vary over time due to deemed reinvestment of dividends.
- (2) 1 for 1.
- (3) There is no date that should appear in these columns. These columns are not applicable to this particular filing.
- (4) Each PSU was acquired at the election of the Director by deferring \$58.065 of fees per PSU.

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 no	ot required to respond unless the form displays a currently valid OMB number.