| SEC | Form | 4 |
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

|  | Check this box to indicate that a<br>transaction was made pursuant to a<br>contract, instruction or written plan for the<br>purchase or sale of equity securities of the<br>issuer that is intended to satisfy the<br>affirmative defense conditions of Rule<br>10b5-1(c). See Instruction 10. |  |
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| 1. Name and Address of Reporting Person*<br>HOPLAMAZIAN MARK SAMUEL              |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>V F CORP</u> [ VFC ] | (Check   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                          |                                       |  |  |
|--|---------|----------|--|----------|---|---------------------------------------|--|--|
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/04/2025             |          | Director<br>Officer (give title<br>below)   | 10% Owner<br>Other (specify<br>below) |  |  |
| 1551 WEWATTA STREET  |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line)<br>X Form filed by One Reporting Person |                                       |  |  |
| (Street)   |         |          |  |          | , ,   | n One Reporting Person                |  |  |
| DENVER   | СО      | 80202    |  |          |   |                                       |  |  |
| (City)   | (State) | (Zip)    |  |          |   |                                       |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |         |          |  |          |   |                                       |  |  |

## 1. Title of Security (Instr. 3) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 2. Transaction 2A. Deemed 5. Amount of 6. Ownership Form: Direct (D) Date Execution Date. Transaction Securities Indirect (Month/Day/Year) Code (Instr. Beneficially Owned or Indirect (I) Beneficial if any Following Reported Transaction(s) (Month/Dav/Year) 8) (Instr. 4) Ownership (Instr. 4) (A) or (Instr. 3 and 4) Code v Amount Price D) Common Stock 06/04/2025 Α 13,285 \$12.55 54,681.861 D Α

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction 3A. Deemed 4 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10. 11. Nature Derivative Conversion Execution Date, Transaction Derivative Expiration Date Securities Underlying Derivative derivative Ownership of Indirect Date Security (Instr. 3) or Exercise Price of (Month/Dav/Year if any (Month/Day/Year) (Month/Dav/Year) **Derivative Security** Code (Instr. Securities Security Securities Form: Beneficial 8) Acquired (A) (Instr. 3 and 4) (Instr. 5) Beneficially Direct (D) Ownership Derivative or Disposed of Owned or Indirect (Instr. 4) Security (D) (Instr. 3, 4 Following (I) (Instr. 4) and 5) Reported Transaction(s) (Instr. 4) Amount or Date Expiration Number v Code (A) (D) Exercisable Date Title of Shares

Explanation of Responses:

/s/ Vivian Coates for Mark S.

Hoplamazian (Pursuant to Signing 06/06/2025 Authority on File)

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

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 Number.