FORM 4

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

OMB APPROVAL	
OMB Number:	3235-0287
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response	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

(Print or Type Responses)																	
1. Name and Address of Reporting Person – SHARP M RUST				Issuer Name and Ticker or Trading Symbol V F CORP [VFC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
(Last) (First) (Middle) THEIR INDIVIDUAL CAPACITY (SEE BELOW), 1600 MARKET STREET 29TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2003						=	Officer (give title below)	0	ther (specify below)				
(Street) PHILADELPHIA, PA 19103			4. If Amendment, Date Original Filed(Month/Day/Year)						6. _>	6. Individual or Joint (Group Filing)Check Applicable Line) X. Form filed by One Reporting Form Form filed by More than One Reporting Person							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
		2. Transacti (Month/Day			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of	Beneficial			
				(1	violiti/ Day/ 1 car	Code		V	Amount	(A) or (D) Pric	e					(Instr. 4)
Common Stock ⁽²⁾			09/05/200)3		S			76,350 ⁽³⁾	D	\$40.09	983	22,760,588 ⁽¹⁾			I <u>(1)</u>	The trustees of the trust
Reminder: Report on a separate	line for each class of	securities beneficially	owned directly or i	ndirectly.													
		·	•										information contained in this fo tly valid OMB control number.	rm are not re	quired to	SEC	1474 (9-02)
				Table	II - Derivative	Securities Acqualls, warrants,					wned						
				4. Transaction Code 5. N (Instr. 8) Sec Dis		Number of Derivative ecurities Acquired (A) or isposed of (D) nstr. 3, 4, and 5)		6. Date Exercisable and Expiration Date		Se	ecuriti	and Amount of Underlying es and 4)	8. Price of Derivative Derivative Security Security (Instr. 5) Benefic		Ownership of Form of Be Derivative Ov	Beneficial	
									Date	Expir	ation Ti	itle	Amount or Number of Shares		Following	Direct (D) or Indirect	(111511.4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SHARP M RUST THEIR INDIVIDUAL CAPACITY (SEE BELOW) 1600 MARKET STREET 29TH FLOOR PHILADELPHIA, PA 19103	X	X					

Signatures

Ursula F. Fairbairn Signature of Reporting Person	09/05/2003 Date
M. Rust Sharp	09/05/2003
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) This form does not constitute an admission by the selling Trusts or the Trustees that the selling Trust is a 10% owner of VFC or that the shares which it beneficially owns ought to be aggregated with those shares beneficially owned by the other Trusts to determine whether such Trust is a
- (2) This form does not constitute an admission by the Trustees that the shares held by the Trusts or disposed of by the Trusts are or were beneficially owned by the Trustees
- (3) Although this form does not constitute an admission by the Trustees that the shares held by the Trusts or disposed of by the Trusts are or were beneficially owned by the Trustees, the form is being filed to disclose the sale of shares by the Truste only and not by the Trustees in their individe

Remarks:

NAME AND ADDRESS OF REPORTING PERSON: M. Rust Sharp and Ursula F. Fairbairn, in their individual capacity as Trustees under the John E. Barbey Deeds of Trust dated 8/21/51 and Trusts under the Will of John E. Barbey, c

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.