## Edgar Filing: V F CORP - Form 4

V F CORP

| V F CORF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                              |                                                    |                        |                                                                                                                                                                                                                                                         |                                      |                                                                   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|----------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|--|--|
| Form 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2006                                                                        |                              |                                                    |                        |                                                                                                                                                                                                                                                         |                                      |                                                                   |  |  |
| January 04,<br>FORN<br>Check t<br>if no lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M 4 UNITED                                                                  |                              | CURITIES AND E<br>Washington, D.C. 2               | 20549                  |                                                                                                                                                                                                                                                         | OMB<br>Number:<br>Expires:           | PROVAL<br>3235-0287<br>January 31,<br>2005                        |  |  |
| Section<br>Form 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>Section 16.<br>Form 4 or |                              |                                                    |                        |                                                                                                                                                                                                                                                         |                                      | verage<br>rs per<br>0.5                                           |  |  |
| Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(c)<br>See Instruction<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c)<br>1(c) |                                                                             |                              |                                                    |                        |                                                                                                                                                                                                                                                         |                                      |                                                                   |  |  |
| (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Responses)                                                                  |                              |                                                    |                        |                                                                                                                                                                                                                                                         |                                      |                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                              | Issuer Name <b>and</b> Ticker<br>bol<br>CORP [VFC] | or Trading             | Issuer                                                                                                                                                                                                                                                  |                                      |                                                                   |  |  |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (First) (                                                                   |                              | ate of Earliest Transactio                         | n                      | (Check                                                                                                                                                                                                                                                  | all applicable                       | )                                                                 |  |  |
| P O BOX 810, 100 CRYSTAL A<br>DIRVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              | nth/Day/Year)<br>03/2006                           |                        | below)                                                                                                                                                                                                                                                  | X_Officer (give title Other (specify |                                                                   |  |  |
| HERSHEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Street)<br>7, PA 17033-0810                                                | File                         | Amendment, Date Origi<br>d(Month/Day/Year)         | nal                    | <ol> <li>6. Individual or Joi<br/>Applicable Line)</li> <li>_X_ Form filed by O</li> <li> Form filed by M</li> </ol>                                                                                                                                    | ne Reporting Per                     | son                                                               |  |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (State)                                                                     | (Zip)                        | Table I Non Derivativ                              | a Samuitian A          | Person                                                                                                                                                                                                                                                  | or Donoficial                        | Ourmod                                                            |  |  |
| 1.Title of<br>Security2. Transaction Date<br>(Month/Day/Year)2A. Dec<br>Executi<br>Executi<br>any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | 2A. Deemed<br>Execution Date | if Transactionor Dispo<br>Code (Instr. 3           | ities Acquired         | A)       5. Amount of Securities       6.       7. Nature         Securities       Ownership       Indirect         Beneficially       Form:       Benefit         Owned       Direct (D)       Owner         Following       or Indirect       (Instr. |                                      | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                              | Code V Amo                                         | (A)<br>or<br>unt (D) I | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                                                                                                                                                          | (I)<br>(Instr. 4)                    |                                                                   |  |  |
| Common<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01/03/2006                                                                  |                              | $G_{(1)}^{(1)}$ V 2,604.                           | 1765 D <u>(</u>        | <u>1)</u> 88,261.5714                                                                                                                                                                                                                                   | D                                    |                                                                   |  |  |
| Common<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01/03/2006                                                                  |                              | F <u>(2)</u> 9,327.0                               | 6764 D <u>(</u>        | <u>2)</u> 78,933.895                                                                                                                                                                                                                                    | D                                    |                                                                   |  |  |
| Common<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                              |                                                    |                        | 690                                                                                                                                                                                                                                                     | Ι                                    | by Trust $(3)$                                                    |  |  |

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

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#### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 3                   | Date               | Amor<br>Unde<br>Secur | tle and<br>unt of<br>erlying<br>rities<br>r. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|
| Repo                                                | rting C                                                               | owners                                  | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares                |                                                     |                                                                           |

| Reporting Owner Name / Address                                                    | Relationships |           |                           |       |  |
|-----------------------------------------------------------------------------------|---------------|-----------|---------------------------|-------|--|
|                                                                                   | Director      | 10% Owner | Officer                   | Other |  |
| MCDONALD MACKEY J<br>P O BOX 810<br>100 CRYSTAL A DIRVE<br>HERSHEY, PA 17033-0810 | Х             |           | CHAIRMAN, PRESIDENT & CEO |       |  |

# Signatures

| By: Mark R. Townsend for Mackey J. McDonald For: (Pursuant to Signing Authority on |            |  |  |  |
|------------------------------------------------------------------------------------|------------|--|--|--|
| File)                                                                              | 01/04/2006 |  |  |  |

<u>\*\*</u>Signature of Reporting Person

# **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) The reported transaction is pursuant to a domestic relations property settlement agreement.
- (2) The withholding of shares upon vesting of restricted shares to cover taxes.
- (**3**) 401(k)

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.

Date