FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number:

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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* Dunn Sarah | | | | | 2. Issuer Name and Ticker or Trading Symbol TAPESTRY, INC. [TPR] | | | | | | | | | Check | all app | nship of Reporting F I applicable) Director Officer (give title | | Person(s) to Issuer 10% Owner Other (specify | | | |
|--|--|----|------------------------------|--|---|--|---|---|---|--------|---|----------|-------------|---|-----------------------------|--|--|--|---|------------|--|
| (Last) | (F SON YARI | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2019 | | | | | | | | | X | belov | ow) | | below) | | |
| (Street) NEW YC | | | 10001 Zip) | | 4. If | Line | | | | | | | | | i. Indivine) | , | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| · · · · · · · · · · · · D | | | | 2. Transaction Date (Month/Day/Year) | | Ex r) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Secur Benef | | cially d Following | Form: | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () () | A) or D) | Price | Tra | | Fransaction(s) | | | (111501.4) | |
| Common Stock ⁽¹⁾ 08/09/ | | | | | | 2019 | | A | | 11,813 | | Α | \$0.0000 | | 81,594 | | | D | | | |
| Common Stock ⁽²⁾ 08/09/2 | | | | | | 2019 | | | F | | 4,531 | | D | \$27.39 | | 9 77,063 | | D | | | |
| Common Stock ⁽³⁾ 08/09/ | | | | | | 2019 | | | F | | 5,785 | | D | \$27.39 | | 71,278 | | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative ecurity nor Exercise parts. 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount mber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) | o. wnership orm: irrect (D) i Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. These securites represent the vesting of performance restricted stock units on August 9, 2019, for which performance measures were certified on August 8, 2018. These securities include all dividends accumulated since the granting of the award on August 11, 2016.
- 2. These shares were withheld to pay the taxes in connection with the vesting of restricted stock units.
- 3. These shares were withheld to pay the taxes in connection with the vesting of performance restricted stock units.

/s/ Emily S. Zahler, Assistant Corporate Secretary, pursuant to a power of attorney filed with the Commission

08/13/2019

Date

** Signature of Reporting Person

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.