FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washir	igton,	D.C.	20549	

STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per 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).

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*			2. Issuer Name and Ticker or Trading Symbol COACH INC [COH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Dunn S	<u>aran</u>				٦		<u> </u>		3011						Direct	or		10% O\	vner
(1+)	(5)		(A 4: -1-11)		Date of Earliest Transaction (Month/Day/Year)					X	Office below	r (give title)		Other (s	specify				
(Last)	,	,	(Middle)			9/2014							Globa	l Human F	Resor	urces Offi	cer		
516 WEST 34TH STREET																	·		
,					4. If Amendment, Date of Original Filed (Month/Day/Year)							C Individual or Joint/Croup Filips (Charle Applicable							
(Street)					4. 11	Ame	namen	i, Dale	oi Originai	Fileu	(MOHUI/L	ay/ rear)		Individual or Joint/Group Filing (Check Applicable Line)					
NEW YO	ORK N	V	10001											X	Form	filed by One	Rep	ortina Perso	n I
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															Perso		C tria	ii Olic itopo	Turing
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Ins	tr. 3)	2	2. Transa	ction		2A. Deei	med	3.			rities Acqui			5. Amou	unt of			7. Nature
Date				Execution Date ay/Year) if any		e, Transaction Disposed Of (D) Code (Instr. 5)		ed Of (D) (In	str. 3, 4	and					of Indirect Beneficial				
(Monthly)				(Month/Day/Year)								Owned	Following (i) (I		nstr. 4)	Ownership			
									V Amount (A) or		or _		Reported Transaction(s)				(Instr. 4)		
									Code	V	Amount	(D)	" Pri	ce	(Instr. 3	and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		•							s, option						wiica				
1. Title of 2. 3. Transaction 3A. Deemed				4	4.		5. Number		6. Date Exercisable and		7. Title and		8.	Price of	9. Number of		10.	11. Nature	
Derivative Conversion Date Execution Date,				ransa ode (I		. Derivative Securities		Expiration Date Amount of Securities Underlying						erivative ecurity	derivative Securities		Ownership Form:	of Indirect Beneficial	
Security or Exercise (Month/Day/Year) if any (Month/Day/Year)											msu.	g	(Instr. 5)		Beneficially		Direct (D)	Ownership	
	Derivative Security					Acquired Derivative Secur (Instr. 3 and 4)						ty		Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)		
	Security					Disposed						iu 4)					(1) (111501. 4)		
					of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)				
														(111501.4)					
													Amou	nt					
													or Numb	۱ م					
									Date		piration		of						
				C	ode	٧	(A)	(D)	Exercisable	Di	ate	Title	Share	s					
Restricted	(2)								(2)		(4)	Common	 						
Stock Unit ⁽¹⁾	(2)	12/29/2014			A		444		(3)		(4)	Stock	444		\$37.49	49,768		D	

Explanation of Responses:

- $1. \ These \ securities \ were \ received \ through \ a \ dividend \ paid \ on \ the \ transaction \ date.$
- ${\it 2. These securities will convert on a 1-for-1 basis into shares of the issuer's common stock.}\\$
- 3. These securities vest in part on each of the vesting dates of the original RSU grants.
- 4. These securities do not expire.

<u>Daniel J. Ross, Assistant</u> <u>Secretary, pursuant to a power of attorney filed with the</u>

12/30/2014

Date

** Signature of Reporting Person

Commission

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

- * 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.