FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWN	IERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average b	urden								

0.5

hours per response:

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

1. Name and Address of Reporting Person* LOVEMAN GARY W					2. Issuer Name and Ticker or Trading Symbol COACH INC [COH]								Relationship Check all app X Direct	licable)	Person(s) to Is	
(Last) (First) (Middle) 516 WEST 34TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2013							Office below	er (give title r)	Other below	(specify	
(Street) NEW Y(10001 Zip)	4. I	4. If Amendment, Date of Original Filed (Month/Day/					oay/Year)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. TransDate (Month/I				2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr. 5)				nd Securit Benefic Owned	es Fori ially (D) (Following (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Cod	v	Amount	(A) (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)	ction of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares				
Deferred Stock Unit ⁽¹⁾	(2)	04/01/2013		A		160		(3)		(4)	Common Stock	160	\$49.89	26,741.48	B D	
Restricted Stock Unit ⁽¹⁾	(2)	04/01/2013		A		8		(5)		(4)	Common Stock	8	\$49.89	1,332	D	

Explanation of Responses:

- 1. These securities were received through a dividend paid on the transaction date.
- 2. These securities will convert on a 1-for-1 basis into shares of the issuer's common stock.
- 3. These securities were issued pursuant to the Issuer's Deferred Compensation Plan (for outside directors). The Issuer has agreed to represent the amount of the reporting person's account balance with deferred stock units which represent the right to receive common stock of the Issuer on a one-for-one basis on the distribution date elected by the reporting person.
- 4. These securities do not expire.
- $5. \ These \ securities \ vest \ in \ part \ on \ each \ of \ the \ vesting \ dates \ of \ the \ original \ RSU \ grants.$

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

04/03/2013

Commission

** 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.