| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject | to |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* Dunn Sarah (Last) (First) (Middle) 516 WEST 34TH STREET | | | 2. Issuer Name and Ticker or Trading Symbol <u>COACH INC</u> [COH] 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP, Human Resources | | | | |
|--|---------------|----------------|--|---|--|--|--|--|
| (Street) NEW YORK (City) | NY (State) | 10001 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. 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 | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|--------|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311 4) |
| Common Stock ⁽¹⁾ | 03/31/2014 | | J | V | 2 | Α | \$49.42 | 15,202 | D | |

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) | | of | ired r osed) 7.3,4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar | f g Security | 8. Price of Derivative Security (Instr. 5) | urity Securities | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|---------------------------------|--|--------------------|--|--|---|------------------|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Unit ⁽²⁾ | (3) | 03/31/2014 | | A | | 266 | | (4) | (5) | Common Stock | 266 | \$49.75 | 39,433 | D | |

Explanation of Responses:

1. These shares were acquired through a dividend paid on the transaction date to the Coach, Inc. Savings and Profit Sharing Plan (401(k) Plan).

2. These securities were received through a dividend paid on the transaction date.

3. These securities will convert on a 1-for-1 basis into shares of the issuer's common stock.

4. These securities vest in part on each of the vesting dates of the original RSU grants.

5. These securities do not expire.

| Daniel J. Ross, Assistant | |
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| Secretary, pursuant to a power | 04/02/2014 |
| of attorney filed with the | 04/02/2014 |
| 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.