FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

RH	IES	AND EXCH	ANGE	COMMISS	

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

1(c). S	ee Instruction 1	10.																	
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol TAPESTRY, INC. [TPR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Elkins David V								— L	,				1	Direc	tor		10% Ov	vner	
(Last)	(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							Officer (give title Other (spec below) below)				specify		
C/O BECTON, DICKINSON AND COMPANY					11/1	4/202	4												
· ·																			
1 BECTON DRIVE				4. If Amondment, Date of Original Filed (Month/Day/Year)							6 Individual or Joint/Group Filing (Chock Applicable								
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
FRANK	I INI													1	Form	filed by On	e Rep	orting Perso	on
LAKES	NJ	0	7417										Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Aca	uired.	Dis	posed of	. or E	Benef	iciall	v Own	ed			
1 Title of 9	Convity (Inc			2. Transac		1	Deemed		3.		4. Securitie	-			5. Amo		6.0	wnership	7. Nature
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date		Date,	Transaction Disposition Code (Instr. 5)		Disposed C	I Of (D) (Instr. 3,		4 and Securit Benefic Owned		ties Fo cially (D d Following (I)		Form: Direct D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock <sup>(1)</sup> 11/14/2					2024				A		3,459	A	\$	57.82 5,290			D		
		Tal	ble II -	Derivati	ve Se	curit	ties /	Acqu	ired, [	Disp	osed of, o	or Be	nefic	ially	Owne	d	,	*	
											onvertib								
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

1. All of these securities acquired were received in the form of unvested restricted stock units issued under the Issuer's Stock Incentive Plan. These securities will vest on November 14, 2025.

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

11/15/2024

with the 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.