SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

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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

1. Name and A Lau Alan	ddress of Repo	2. Date of E Requiring S (Month/Day 04/12/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>TAPESTRY, INC.</u> [ TPR ]							
(Last) 10 HUDSO	(First) N YARDS	(Middle)			Issuer		,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK	NY	10001	-		Λ	Officer (give title below)		(specify	A Person	e Line) by One Reporting by More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				i		unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)											
EX EX			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Secu (Instr. 4)			4. Conversio or Exercis		6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security		5)	

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Emily S. Zahler,</u> <u>Assistant Corporate</u> <u>Secretary, pursuant to a</u> <u>power of attorney filed</u> <u>with the Commission</u>	<u>04/13/2023</u>
** 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 5 (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.