FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB A	PPROVAL
OMB Number:	3235-0287
Estimated avera	ge burden

0.5

hours per response:

	Check this box if no longer subject to
$\neg$	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 <b>and</b> Ticker or Trading Symbol  COACH INC COH									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															V Direct	or		10% O	wner	
(Last) (First) (Middle) 516 WEST 34TH STREET						Date of 29/20		st Trar	nsaction (Mo	nth/[	Day/Year)	1	Office below	r (give title ')		Other (sbelow)	specify			
JIO WE	)1 J <del>4</del> 111 J	IKLLI												+						
(Street)					4. If	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)  V. Farm filed by One Reporting Person  V. Farm filed by One Report Person					
NEW YORK NY 10001															X Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(5)	tate) (	(Zip)												Perso	on				
(City)	(5)	tate)	(Ζιρ)																	
		Tab	le I - Non	-Deriv	ative	Sec	curitie	es Ad	cquired,	Disp	posed	of, or B	enef	iciall	y Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			5. Amou Securiti Benefic Owned Reporte	ies ially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	it (A) or (D)		Price	Transac (Instr. 3	ction(s)			(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. Deemee Execution I if any (Month/Day	Date,	4. Transacti Code (Ins 8)				6. Date Exercisab Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership Form:	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	or	ount nber res						
Deferred Stock Unit	(1)	07/29/2010			A		410		(2)		(3)	Common Stock	4	10	\$36.54	14,794.48	3	D		

## **Explanation of Responses:**

- 1. This security will convert on a 1-for-1 basis into shares of the issuer's common stock.
- 2. 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.
- 3. These securities do not expire.

## Remarks:

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

08/02/2010

Commission

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.