FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | tion 1(b). | nue. See | | File | | | | | | | | | nge Act of t of 1940 | 1934 | | | hours | per re | esponse: | 0.5 |
|--|---|--------------------------------------|---|--|---|--|---|----------|--|-----------------------------------|-----------|--|--|---|--|----------------------------------|--|--------|--|--|
| 1. Name and Address of Reporting Person* LOVEMAN GARY W | | | | 2. Issuer Name and Ticker or Trading Symbol COACH INC COH | | | | | | | | | 5 ((| 5. Relationship of Re (Check all applicable) X Director | | | 10% Owr | | | |
| (Last) 516 WES | Last) (First) (Middle) 516 WEST 34TH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2013 | | | | | | | | | Officer (give title below) | | | specify | |
| (Street) NEW YORK NY 10001 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | Sec | curiti | es Ad | cqui | red, D | ispo | osed (| of, or B | enefici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) E | 2A. Deemed Execution Date, f any Month/Day/Year | | e, 1 (ar) 8 | 3. Transact Code (In: 8) | Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a t (A) or Pric (D) | | and Securiti Benefic Owned Reporte | | ies Folially (D Following ed etion(s) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| 4 Tale - 5 | | | · · | e.g., pı | uts, o | | , war | rants | s, op | otions | , coı | nverti | , or Ber | urities | ly Owi | ned | ŕ | | 10 | laa N |
| 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. Transaction Code (Instr. 8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | e and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Deriva Secur (Instr. | erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Coo | | Code | v | (A) | (D) | Date Exer | rcisable | Expi Date | iration | Title | Amount or Number of Shares | mber | | | | | | | |

Explanation of Responses:

(2)

(2)

Deferred

Unit⁽¹⁾ Restricted

Stock Unit⁽¹⁾

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

09/30/2013

09/30/2013

- 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.

8

(3)

(5)

(4)

(4)

- 4. These securities do not expire.
- 5. These securities vest in part on each of the vesting dates of the original RSU grants.

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

10/02/2013

27,712.48

1,348

D

D

Commission

Stock

Common

Stock

** Signature of Reporting Person

8

Date

\$54.53

\$54.1

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.