FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
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| wasiiiigtoii, | D.C. | 20549 |

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

ES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Dadlani Manesh | | | | | 2. Issuer Name and Ticker or Trading Symbol TAPESTRY, INC. [TPR] | | | | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% C | | | | | vner |
|--|--|---------|---|----------|---|--|--|--------|---|-------|--|---------|-------------------------------|--|--|-----------------------------|---|---|------------|
| (Last) | (Fii SON YARI | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2023 | | | | | | | | | X | Officer (give title below) VP, Control | | ller a | Other (specify below) er and PAO | |
| (Street) NEW YO | | | 0001 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | enefic | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Exec if any | Deemed cution Date, ny onth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | and Securi Benefi Owned | | ties cially Following | Forn (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | | nsaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 08/18/ | | | | | 2023 | | F | | 643 | D | \$3 | 4.59 | .59 32,554 | | | 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) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rities ired r osed) : 3, 4 | 6. Date Expirati (Month/ | ion Da | Year) Securities Underlying Derivative Security (Ins 3 and 4) | | nt of ities lying ative ity (Instr | | | | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V (A) (D) | | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | | |

Explanation of Responses:

1. These shares were withheld to pay the taxes in connection with the vesting of restricted stock units.

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

08/22/2023

** 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.