## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty   | pe Response   | s)   |            |   |   |                       |           |                            |              |   |   |  |  |  |   |   |   |       |
|--|---|--|------------|---|---|-----------------------|-----------|----------------------------|--------------|---|---|--|--|--|---|---|---|-------|
| Name and Address of Reporting Person * Sumner Susan Denise |   |  |            |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Kontoor Brands, Inc. [KTB] |                       |           |                            |              |   |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner   |  |   |   |   |       |
| (Last) (First) (Middle) 400 N. ELM STREET                  |   |  |            | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019 |   |                       |           |                            |              |   |   |  | X Officer (give title below) Other (specify below)  VP & Chief Accounting Officer  |  |   |   |   |       |
| (Street)   |   |  |            | 4. If Amendment, Date Original Filed(Month/Day/Year)        |   |                       |           |                            |              |   |   | ·)                                       | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |   |       |
| GREENSBORO, NC 27401 (City) (State) (Zip)                  |   |  |            | Table I - Non-Derivative Securities Acqui                   |   |                       |           |                            |              |   |   | ired, Disposed of, or Beneficially Owned |  |  |   |   |   |       |
| 1.Title of Security<br>(Instr. 3)                          |   | 2. Transaction<br>Date<br>(Month/Day/Year) |            | 2A. Deemed<br>Execution Date, if                            |   |                       | 3. Co (Ir | Transac<br>ode<br>ostr. 8) | etion        | 4. Securities (A) or Dispo (Instr. 3, 4 a |   | quired of (D)                            | 5. Amount of Securities<br>Beneficially Owned Foll<br>Reported Transaction(s)<br>(Instr. 3 and 4)  |  | es 6. collowing O Fr or or (I                       | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |       |
| Commor   | Stock   |  | 12/31/     | /2019   |   |                       |           |                            | Code<br>F    | V   | Amoun<br>188  | t (D)                                    | Price \$ 42.22   | 6,816.9                                | 28  |   | D (Instr. 4)  |       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | y/Year) E: | on 3A. Deemed Execution Deany                               |   | (e.g., puts, calls, w |           |                            | 5.<br>Number |   | d, Disposed of, or Bene-<br>ions, convertible secur<br>6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |  | 7. 7<br>And<br>Under   |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners Form of Derivat Security Direct ( or Indir                 | O) ct |
|  |   |  |            |   |   | Code                  | V         |                            | nd 5)        | Date                                      | e<br>rcisable   | Expirati<br>Date                         | on Titl  | Amount<br>or<br>Number<br>of<br>Shares |   |   |   |       |
| Repor  | ting O  | wners                                      |            |   |   |                       |           | , ,                        | . ,          |   |   |  |  |  |   |   |   |       |
| Reporting Owner Name /                                     |   |  |            | Relationships   |   |                       |           |                            |              |   |   |  |  |  |   |   |   |       |
| Address  |   |  | Director   | 10%<br>Owner  | Officer   |                       |           |                            |              |   | Other   |  |  |  |   |   |   |       |
| Sumner S   | Susan Den   | ise  |            |   |   |                       |           |                            |              |   |   |  |  |  |   |   |   |       |

## **Signatures**

400 N. ELM STREET GREENSBORO, NC 27401

| /s/ Laurel Krueger for Susan Denise Sumner (Pursuant to Signing Authority on File) | 01/03/2020 |  |  |
|--|------------|--|--|
| **Signature of Reporting Person  | Date       |  |  |
|  |            |  |  |

VP & Chief Accounting Officer

## **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.