FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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

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 * Waldron Thomas E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kontoor Brands, Inc. [KTB] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---------|-----|---|--------------------------------|----------------|--|---------|-----------------|-------------------|--|---|------|--------------------------------|---|--|---|--|--|------------|
| (Last) 400 N. ELM S | (First) | (Mi | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2023 | | | | | | | | | X | Officer (g below) EVP, C | • | | Other (specify below) Pres Wrangler | | | |
| (Street) GREENSBORG (City) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Ta | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or l | Benefi | cially Ow | /ned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | | 5. Amount Securities Beneficiall Following | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 02/2 ² | | | | | 24/2023 | | | | A | | 17,372.65(2) | | A | \$0 | 104,47 | 72.787 | | D | |
| Common Stock 02/24 | | | | 24/2023 | | | | F | | 7,731(3) | | D | \$44.11 | 96,741.787 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution D if any (Month/Day | Date, Transaction Code (Instr. | | | | | Expirat (Month | ion Da | (ear) Derivative Securit (Instr. 3 and 4) | | derlying curity) Amount or | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) (D) | | (D) | Date Exercis | Expiration Date | | Title | , | Number of Shares | | | | | | |

Explanation of Responses:

- 1. Common stock includes restricted stock units.
- $2. \ Represents the settlement of performance share units for the performance period ending \ December\ 31,2022.$
- 3. Represents the number of shares withheld to satisfy applicable tax withholding obligations on settled performance share units.

/s/ Thomas L. Doerr, Jr. for
Thomas E. Waldron (Pursuant to Signing Authority on File)

02/27/2023

** 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.