1. Name and Address of Reporting Person*  
Koval Glen  
(Last) (First) (Middle)  
3700 WEST JUNEAU AVENUE  
(Space)  
MILWAUKEE WI 53208  
(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)  
08/01/2022

3. Issuer Name and Ticker or Trading Symbol  
HARLEY-DAVIDSON, INC. [ HOG ]

4. Relationship of Reporting Person(s) to Issuer  
Director  
10% Owner  
X Officer (give title below)  
VP Motorcycle Development

5. If Amendment, Date of 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

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)  
Common Stock

2. Amount of Securities Beneficially Owned (Instr. 4)  
1,688.181

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  
I

4. Nature of Indirect Beneficial Ownership (Instr. 5)  
By 401(k)

Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)  
Restricted Stock Units

2. Date Exercisable and Expiration Date (Month/Day/Year)  
Date Exercisable (1)  
Expiration Date (1)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  
Title  
Common Stock

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  
D

6. Nature of Indirect Beneficial Ownership (Instr. 5)  

Explanation of Responses:  
1. Each restricted stock unit represents a contingent right to receive one share of stock. One-third of the units granted vest on each of the first three anniversaries of the date of grant. Units are subject to forfeiture until vested.

Remarks:  
/s/ Paul J. Krause, as Power of Attorney  
08/10/2022

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 5 (b)(v).  

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.