## Edgar Filing: MOVADO GROUP INC - Form 4

	GROUP INC									
Form 4	2006									
October 02,										
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES	SECU	DITIFS /	ND FY	CHANCE	E COMMISSION	T	PPROVAL	
	UNITED	STATES		ashington				Nome Number:	3235-0287	
Check t				Shington	, D.C. 2				January 31,	
if no lor subject		MENT OF	F CHAN	NGES IN	BENEF	TICIAL O	WNERSHIP OF	Expires:	2005	
Subject				SECUI	RITIES			Estimated burden hou		
Form 4								response	•	
Form 5 obligation							nge Act of 1934,			
may cor	ntinue. Section 17(			•	•	- ·	t of 1935 or Section	on		
See Inst	ruction	30(n)	of the fi	nvestmen	t Compa	ny Act of 1	1940			
1(b).										
(Print or Type	Responses)									
			2. Issuer Name <b>and</b> Ticker or Trading Symbol MOVADO GROUP INC [MOV]				5. Relationship of Reporting Person(s) to			
							Issuer			
			MOVA	ADO GRC	OUP INC		(Che	eck all applicabl	e)	
(Last)	(First) (	Middle)		of Earliest T	ransaction				~ 0	
	ADO GROUP, IN	IC 650	(Month/) 09/29/2	Day/Year)			X Director X Officer (given the second seco		% Owner ner (specify	
FROM RD			0/12/12	2000			below)	below) resident CEO		
			4 70 4							
	(Street)			endment, D onth/Day/Yea	-	al	6. Individual or . Applicable Line)	Joint/Group Fili	ng(Check	
			1 neu(m	Jilli/Day/Tea	u <i>)</i>		_X_ Form filed by	One Reporting P	erson	
PARAMU	S, NJ 07652						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemo	ed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transactio				Form: Direct	Indirect	
(Instr. 3)		any (Month/Da	av/Year)	Code (Instr. 8)	Disposed (Instr. 3.		Beneficially Owned	(D) or Indirect (I)	Ownership	
		<b>X</b>	· · · · · · · · · · · · · · · · · · ·		(		Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
						or	(Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	-	-	-			
							spond to the colle tained in this form		SEC 1474 (9-02)	

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	) Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of					(Inst
				Code N	√ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	\$ 0	09/29/2006		А	174.41		(1)	(1)	Common Stock	174.41	\$ 2

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GRINBERG EFRAIM C/O MOVADO GROUP, INC. 650 FROM RD PARAMUS, NJ 07652	Х	Х	President CEO				
Signatures							
/s/ Efraim	02/2006						

Grinberg	10,02,2000
<u>**</u> Signature of Reporting Person	Date
Reporting reison	

## **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).
- (1) Phantom stock units acquired under issuer's Deferred Compensation Plan for 25.42 per share. Distributable in equal annual installments for 10 years following date of reporting person's termination of employment with issuer.

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.