Edgar Filing: MOVADO GROUP INC - Form 4

MOVADO	GROUP INC										
Form 4	0 017										
October 04,								0145.4			
FORM	Λ4 _{UNITED}	STATES	SECU	RITIES A	AND EX	CHANGE	COMMISSIO		PPROVAL		
		~		shington				Number:	3235-0287		
Check t if no lor	ager					Expires:	January 31,				
subject		MENT O	F CHAN			ICIAL OV	WNERSHIP OF	Estimated	2005 average		
Section Form 4	Section 16. SECURITIES							burden hou	urs per		
Form 5		rsuant to S	Section	16(a) of th	ne Securi	ties Excha	nge Act of 1934,	response	. 0.5		
obligati	ons Section 170						of 1935 or Secti				
may con See Inst	nunue.			•	•	ny Act of 1					
1(b).											
(Print or Type	Responses)										
(I fint of Type	(Kesponses)										
1. Name and	Address of Reporting	Person [*]	2. Issue	er Name an o	d Ticker or	Trading	5. Relationship	of Reporting Per	cson(s) to		
GRINBERG EFRAIM						c	Issuer				
	MOVA	ADO GRC	OUP INC	[MOV]	(Check all applicable)						
(Last)	ast) (First) (Middle) 3. Date			of Earliest T	ransaction		× -				
	ADO GROUP, IN	IC 650		Day/Year)			X Director X Officer (gi		% Owner her (specify		
	ADO GROUP, IN AD, SUITE 375	iC.,, 050	09/30/2	2016			below)	below)	(opeen)		
110001100								Chairman - CEO			
	(Street)		4. If Amendment, Date Original			ıl	6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
PARAMU	S, NJ 07652						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)			~ • •	a					
							cquired, Disposed		-		
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transactio	4. Securit		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Wolidii/Day/Tear)	any	Date, II	Code	Disposed		Beneficially	(D) or Indirect			
		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5)	Owned	(I) (I (1)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities hene	ficially ow	ned directly o	or indirectly				
Rennider. Re	port on a separate find		455 01 500	anties beile	•	•	spond to the colle	ection of	SEC 1474		
							ained in this form		(9-02)		

Persons who respond to the collection of SEC 147information contained in this form are not (9-02 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 Dispos (D) (Instr. 3, 4 and 5)	ed of					(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(1)</u>	09/30/2016		А		263.21		(2)	(2)	Common Stock	263.21	:

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GRINBERG EFRAIM C/O MOVADO GROUP, INC., 650 FROM ROAD, SUITE 375 PARAMUS, NJ 07652	Х	Х	Chairman - CEO					
Signatures								
/s/ Mitchell C. Sussis, attorney-in-fact								
**Signature of Reporting Person		Date						

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) Each share of phantom stock is the economic equivalent of one share of Movado Group, Inc. common stock.
- (2) Phantom stock units acquired under issuer's Deferred Compensation Plan. 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.