FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Nashington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

					or	Section	on 30(h)	of the	Ínvestme	ent Co	mpany Act	of 19	940							
1. Name and Address of Reporting Person* Sussis Mitchell Cole				2. Issuer Name <b>and</b> Ticker or Trading Symbol MOVADO GROUP INC [ MOV ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	•	*	(Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2024								(give title ) r VP and	Gene	Other (s below)	. ,	
C/O MOVADO GROUP INC.				-																
650 FROM ROAD, SUITE 375				If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person						
(Street)																,	•	J		
PARAM	PARAMUS NJ 07652															Form filed by More than One Reporting Person				
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ed to									
		Tab	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	sposed o	of, o	r Ben	eficial	ly Owne	d				
Date					Date Ex (Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed		ities Acquired (A) d Of (D) (Instr. 3,		(A) or . 3, 4 and	Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 03/29/					9/2024				F		1,457	(1)	D	\$27.9	3 16	16,400		D		
		Т	able II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	Date, Transaction Code (Inst				6. Date E Expiration (Month/D	n Dat		Amount			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Phantom	(2)	02/21/2024					42.20		(2)		(3)	Con	nmon	12.20	•0	1,000,7				

## **Explanation of Responses:**

Stock Unit

- 1. Consists of shares withheld by the company to satisfy the tax withholding obligations upon the vesting of stock awards previously granted on March 29, 2021.
- 2. Each share of phantom stock is the economic equivalent of one share of Movado Group, Inc. common stock
- 3. 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.

04/02/2024

\*\* Signature of Reporting Person

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.