FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

١	Nas	hing	ton,	D.C.	20549	

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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).

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

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1. Name and Address of Reporting Person* KARPOVICH EUGENE					2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
													1	Directo			10% Ov	·		
,					-									- :	X Officer below	give title		Other (s	specify	
(Last)	(F	irst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year)								below		D C	,			
C/O MO	VADO GR	OUP INC			03/	03/31/2005								Senior V.P CFO						
650 FRC	MRD																			
050 110	WI KD				4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
					It Amendment, Date of Original Fried (Month/Day/ real)								Line)							
(Street)	LIC N	т	07652											:	X Form	filed by One	Repor	rting Perso	n	
PARAM	US N	J	J/652											1	Form filed by More than One Reporting				rting	
,														1	Perso	n			-	
(City)	(S	tate) ((Zip)											1						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
4 Tid							A. Deem		3.		_				5. Amou		C 0	nership	7. Nature	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.						E	xecution Date,		Transa	Transaction Dispo		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securiti	ies For		m: Direct	of Indirect	
					Month/Day/Ye		Year) if any (Month/Day/Yea		Code (Insti		tr. 5)							Beneficial Ownership		
						(,		100			- Reporte	ed ('``			(Instr. 4)			
									Code	v	Amount	it (A) or P		Price	Transac (Instr. 3					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		•							, option						• · · · · · · ·					
1. Title of	2.	3. Transaction	3A. Deemed	d 4	4.		5. Nun	ber	6. Date Ex	ercisa	able and	7. Title a	nd		8. Price of	9. Number o	of 1	10.	11. Nature	
Derivative	Conversion	Date	Execution D		Transa		ction of		Expiration	Date		Amount of			Derivative	derivative		Ownership	of Indirect	
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)				Code (8)	ınstr.	. Derivative Securities		(Month/Day/Year) Securities Underlying					Security (Instr. 5)	Securities Beneficially		Form: Benefici				
Derivative					•		Acquired		Derivative Secu				ırity	,	Owned	or Indirect	or Indirect	(Instr. 4)		
Security						(A) or Unstr. 3 and 4) Disposed									Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)			
						of (D) (Instr. 3, 4														
				ai ai		and 5)	3, 4								(111511. 4)					
				1 1					Amo		ount									
													or							
									Date		xpiration		of	nber						
				(Code	V	(A)	(D)	Exercisab	e D	ate	Title	Sha	res						
Phantom Stock Unit	\$0	03/31/2005			A		28.94		(1)		(1)	Commor Stock	28	.94	\$18.5	1,083.16		D		

Explanation of Responses:

1. Phantom stock units acquired under issuer's Deferred Compensation Plan for \$18.50 per share. Distributable in equal annual installments for 10 years following date of reporting person's termination of employment with issuer.

/s/ Eugene Karpovich 04/04/2005

** 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.