## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C	. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-1(c).

See in	struction 10.																				
Name and Address of Reporting Person*     Soltani Behzad					2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [ MOV ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sonam	Benzad				1						L					Direct	or		10% O	wner	
(1 aat)	(F:		/N 4: al al a \		2 5	)ata at	f Earlinet	t Trans	cactio	n (Mont	th/D	ay/Year)			- [	Office below	r (give title )		Other ( below)	specify	
(Last)	`	,	(Middle)			31/20		l IIaii	Sacilo	ii (iviorii	טווו	ay/ rear)				EVP.Commercial President & CTO					
C/O MO	VADO GR	OUP, INC.			1.2	12/31/2027															
650 FROM ROAD, SUITE 375																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line	<i>'</i>	r o	_	5		
PARAM	US N.	J	07652														•		orting Perso		
																Form Perso		re thar	n One Repo	rting	
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ac	quir	red, D	isp	osed c	of, or	r Ben	eficial	ly Owne	d				
											7. Nature										
Date					Dav/Ye	Execution Date ay/Year) if any			Code (Instr. 5)		ed Of (D) (Instr. 3, 4			Securiti Benefic				of Indirect Beneficial			
ļ,							(Month/Day/Yea					<u>                                     </u>			Owned Reporte				Ownership (Instr. 4)		
									c	ode V	,	Amount	(A) o		Price	Transac	tion(s)		ľ	(111341.4)	
																(Instr. 3	and 4)				
		Т	able II - D							,	•		,		,	Owned					
			(	e.g., p	uts,	calls	s, warr	ants	s, op	tions,	, co	onverti	ble s	secui	ities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, 1	I. Fransaction Code (Instr. 3)		of		6. Date Exercisable a Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s B Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
						and 5)									<u> </u>						
					Code	v	(A)	(D)	Date	cisable	Ex	piration	Title		Amount or Number of Shares						
					Joue	<u> </u>	(^)	(5)	LXGIC	CISADIE	100	11.6		-	Jilaies						
Phantom Stock Unit	(1)	12/31/2024			Α		87.27			(2)		(2)	Com		87.27	\$0	1,698.5	51	D		

## **Explanation of Responses:**

- 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.

/s/ Mitchell C. Sussis attorneyin-fact

01/02/2025

\*\* 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.