| SEC For | rm 4 FORM | 4 | UNITED |) STA | TES | s si | | | | | | | NGE | C | OMM | SSION | | | | |
|--|--|---|--|--|---|---|---|--|-----------------------------------|-------|---|----------------------------|------------------------|---|--|---|--------------|---|---|---|
| | | | Washington, D.C. 20549 | | | | | | | | | | | | | | OMB APPROVAL | | | |
| Sectio obligat | this box if no lo n 16. Form 4 o ions may conti tion 1(b). | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | SHIP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| | | f Reporting Person [*] SALLIE A | | | | 2. Issuer Name and Ticker or Trading Symbol <u>MOVADO GROUP INC</u> [MOV] | | | | | | | | | (Ch | 5. Relationship of Reportin (Check all applicable) Director | | | 10% Ow | |
| | (F VADO GR)M ROAD, | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | | | | | X Oncer (give the Other (specify below) below) Chief Financial Officer | | | | | |
| (Street) PARAMUS NJ 07652 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | ole I - Nor | n-Deriv | ativ | e Se | curitie | s Ac | auired | I. Di | sp | osed o | of. or E | Ben | eficial | ly Owned | 1 | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | n | 4. Securities Acquired (A) | | | d (A) or |) or 5. Amount 4 and Securities Beneficial Owned Fo | | Form (D) o | vnership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | • v | T | Amount | (A (D |) or) | Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) |
| | | - | Table II - | | | | | | | | | sed of, onvertit | | | | Owned | | | 1 | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | I. Fransa Code (3) | action (Instr. | of Derivat Securit Acquire (A) or Dispos of (D) (| of E Derivative (Securities Acquired | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | es Security d 4) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | owners Form: Ily Direct (I or Indire (I) (Instr | Ownership | Beneficia) Ownersh ct (Instr. 4) | | |
| | | | | | | | | 1 | | | | | | - 1 | Amount | 1 | | | | 1 |

Explanation of Responses:

(1)

Phantom Stock Unit

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.

(D) Date Exercisable

(2)

Expiration Date

(2)

Title

Common Stock

| /s/ Mitchell C. | Sussis, attorney- | 04/04/2022 |
|-----------------|-------------------|------------|
| in-fact | | 04/04/2023 |

\$<mark>0</mark>

3,266.17

D

** Signature of Reporting Person Date

or Number

of Shares

121.65

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).

03/31/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

Α

(A)

121.65

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.