FORM 4

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

| Vashington, | D.C. | 20549 |  |
|-------------|------|-------|--|

| STATEMENT | OF C | HANGES | IN BENE | FICIAL | <b>OWNERSHI</b> | Ρ |
|-----------|------|--------|---------|--------|-----------------|---|

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| 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

| 1. Name and Address of Reporting Person*  BRIDGMAN PETER A |  |                         |                 | 2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [ MOV ] |   |  |  |                                 |  |  |                    | ck all app   | ,   | ng Perso  | on(s) to Is                                  |  |                               |  |  |
|--|--|-------------------------|-----------------|--|---|--|--|---------------------------------|--|--|--------------------|--|---|---|--|--|-------------------------------|--|--|
| (Last)   | (Fir   | est) (M                 | Middle)         |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2023  |  |                                 |  |  |                    |  |   | Office  | er (give title<br>v)                         |  | Other (s<br>below)            | pecify   |  |
| C/O MOVADO GROUP, INC.<br>650 FROM ROAD, SUITE 375         |  |                         |                 |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          |  |  |                                 |  |  |                    | Line)  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |  |  |                               |  |  |
| (Street) PARAMUS NJ 07652                                  |  |                         |                 |  |   |  |  |                                 |  |  |                    |  | Form filed by More than One Reporting<br>Person   |   |  |  |                               |  |  |
| (City)   | (Sta   | ate) (Z                 | Zip)            |  | $ _{\Box}$  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant transaction to frule 10b5-1(c). See I |  |                                 |  |  |                    |  |   |   |  |  |                               |  |  |
|  |  | Table                   | I - Nor         | n-Deriva   | tive S  | ecu  | rities   | Acq                             | uired,                                       | Disp                                       | osed of            | , or E   | 3ene  | ficiall   | y Own  | ed   |                               |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |  |                         | Execution Date, |  | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acqu<br>Disposed Of (D) (I |  |  |                                 |  | nnd Securities Beneficially Owned Followin |                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                                |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |                               |  |  |
|  |  |                         |                 |  | Code  | v  | Amount   | (A)<br>(D)                      | or   | Price                                      | Transa             | eported<br>ansaction(s)<br>nstr. 3 and 4)  |   |   | (Instr. 4)                                   |  |                               |  |  |
| Common Stock 03/27/2                                       |  |                         |                 |  | 2023  |  | A  |                                 | 4,369  | A \$                                       |                    | \$ <mark>0</mark>  | 0 43,233  |   | D  |  |                               |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                         |                 |  |   |  |  |                                 |  |  |                    |  |   |   |  |  |                               |  |  |
| Derivative Conversion Date                                 |  | (Month/Day/Year) if any |                 |  | 4.<br>Transaction<br>Code (Instr.<br>8)   |  | 5. Nu<br>of<br>Deriv<br>Secul<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr | ative<br>rities<br>ired<br>osed | 6. Date Exerc<br>Expiration D<br>(Month/Day/ |  | te                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | Str.  | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Oir<br>Or<br>(I) | wnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |                         |                 |  | Code  | v  | (A)  | (D)                             | Date<br>Exercisa                             | able                                       | Expiration<br>Date | Amor<br>or<br>Numl<br>of<br>Title Share  |   | ber   |  |  |                               |  |  |

**Explanation of Responses:** 

/s/ Mitchell C. Sussis, attorney-in-fact

03/29/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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