Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN B | BENEFICIAL | OWNERSHIP |
|---------------------------|------------|-----------|
| | | |

| OMB APP | ROVAL |
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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* GRINBERG EFRAIM | | | | 2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|---|--|---|----------|---|--|--|--------|--|---------------------------------------|---|---|---|---|-----------------------------|--|--|------------|
| (Last) | (Fi VADO GRO | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023 | | | | | | | _ | r (give title Chairma | X an - C | Other (sp below) | |
| 650 FROM ROAD, SUITE 375 | | | | 4. If | 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 | | | | | | |
| (Street) PARAM | US NJ | r (| 07652 | | | | | | | | | | Form fi Person | | e than | One Report | ing |
| (City) | (St | ate) | (Zip) | | Rı | 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. | | | | | | | | | to | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 3) 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5) | | | | es Forn ally (D) o following (I) (Ir | | n: Direct or Indirect Enstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| | | 1 | | | | | | | uired, Dis _l , options, | | | | Owned | | | | |
| Derivative Conversion Date Execurity Or Exercise (Month/Day/Year) if an | | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Unit | (1) | 09/29/2023 | | | A | | 582.86 | | (2) | (2) | Common Stock | 582.86 | \$0 | 36,962.0 | 05 | 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, attorney-10/03/2023

** 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.