FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

## 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

1. Name and Address of Reporting Person*  PHALEN MIRIAM GRINBERG				2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [ MOV ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
C/O MO	(Last) (First) (Middle) C/O MOVADO GROUP, INC. 650 FROM ROAD					Date of Earliest Transaction (Month/Day/Year)     03/16/2005      4. If Amendment, Date of Original Filed (Month/Day/Year)						6	below Individual or		. Filino	below)	nnlicable	
(Street) PARAM	US N.	J (	07652		03/18/2005						Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(Si		Zip)									<u> </u>						
4 64			le I - Non-D			_			<del>-</del>	OISP								7. Notono
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		e, Transaction Disposed Of Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefic	es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) o (D)	r Price	Transac	Transaction(s) (Instr. 3 and 4)			(111311. 4)
		Т	able II - De (e.						uired, Dis					y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	te, 4.	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		ble and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode \	v	(A)	(D)	Date Exercisable		epiration ate	Title	Amount or Number of Shares					
Class A Common Stock	(1)	03/16/2005		J	(2)		8,650		(3)		(4)	Common Stock	8,650	\$0	298,244	(5)	D <sup>(6)</sup>	
Class A Common Stock	(1)	03/16/2005		J	(2)		663		(3)		(4)	Common Stock	663	\$0	38,591 <sup>()</sup>	5)	I	See footnote <sup>(7)</sup>
Class A Common Stock	(1)	03/16/2005		J	(2)		663		(3)		(4)	Common Stock	663	\$0	38,549 <sup>(</sup>	5)	I	See footnote <sup>(8)</sup>

## Explanation of Responses:

- 1. 1 for 1
- 2. Distribution by Grinberg Partners L.P. in which reporting person is a limited partner
- 3. Immediately
- 4. Not Applicable
- 5. Initial Form 4 filing indicated incorrect number of securities.

6. The reporting person also has an indirect pecuniary interest in an additional 509,990 shares of Class A Common Stock, of which (i) 184,356 are owned by a trust and 287,634 are owned by another trust, for both of which trusts the reporting person is the beneficiary and (ii) 38,000 are owned by CAP I Partners, L.P. in which the reporting person is a limited partner. The reporting person disclaims beneficial ownership of the shares held by CAP I Partners, L.P., except to the extent of her pecuniary interest therein.

- 7. By Adrian Phalen Trust
- 8. By Nathan Phalen Trust.

<u>/s/ Miriam G. Phalen</u> <u>05/10/2005</u>

\*\* Signature of Reporting Person Dat

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.