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 BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours ner resnonse:									

	tion 1(b).	ide. See		Filed							es Exchangen pany Act of		f 1934			nours	per re	sponse:	0.5
1. Name and Address of Reporting Person* Isserman Richard D				2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]									(Chec	k all app	licable)	ng Per	rson(s) to Is		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023								X	Office below	cer (give title		10% Ov Other (s below)	
C/O MOVADO GROUP, INC. 650 FROM ROAD, SUITE 375					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 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 Repo									- 1					
(City)	(St	ate) (Z	Zip)		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.														
		Table	I - Nor	า-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date		Date,	3. Transaction Code (Instr.) 8)					3, 4 and Sec Ben Owr		urities F eficially (I led Following (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/03/					2023			G		1,174	Г		\$ <mark>0</mark>	0 15,461			D		
		Tal									osed of, o				Owned	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De See (In:	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v l	(A)	(D)	Date Exercisa	_{able}	Expiration Date	Title	of Shares						

Explanation of Responses:

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

11/03/2023

** 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.