FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIA	AL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average b	ourden						
hours nor reasoness:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* DEMARSILIS SALLIE A				2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DEMA	KSILIS S	SALLIE A			1	<u> </u>	1200		01 11 1	_ L					Directo	r		10% Ov	/ner
															(give title		Other (s	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								'	below)				
C/O MOVADO GROUP, INC.,				09/30/2024									Chief Financial Officer						
, ,																			
650 FROM ROAD, SUITE 375			4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
-					4. If	f Ame	ndment, [Date o	f Original I	-iled	(Month/Da	ay/Year	r)	6. In		oint/Group	Filing	(Check App	olicable
(Street)															_	led by One	Reno	rtina Persor	,
PARAM	US N.	J	07652												_	led by More		•	
															Person		ulali	One Repor	uiig
(City)	(Si	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	e Se	curities	Acc	quired,	Dis	posed c	of, or	Ben	eficial	y Owned	l			
1. Title of S	Security (Inst	tr. 3)		2. Transa	ction	1:	2A. Deeme	ed	3.		4. Securi	ties Ac	auired	(A) or	5. Amou	nt of	6. Ow	nership	7. Nature
Date				th/Day/Year)		Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	d Of (D) (Instr. 3, 4		3, 4 and	Securitie				of Indirect Beneficial	
			(WIONTH/D) °'			Beneficia Owned F	d Following (i) (l		nstr. 4)	Ownership		
											mount (A) or P		1		Reported Transaction(s) (Instr. 3 and 4)		- 1	(Instr. 4)	
									Code	v			Amount	Price			(Instr. 3		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(6	e.g., pu	uts,	call	s, warra	ants,	option	s, c	onverti	ble s	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Tr	Code (Instr		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
														Amount					
													- [1	or Number					
				c	ode	v	(A)		Date Exercisab		Expiration Date	Title		of Shares					
Phantom Stock Unit	(1)	09/30/2024			Α		205.51		(2)		(2)	Comn		205.51	\$0	4,057.6		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, attorneyin-fact 10/01/2024

** 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.