FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO)VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

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* GRINBERG EFRAIM					2. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GKINE	EKG EF	KAIIVI									-			7	Directo	r	X	10% Ov	/ner	
-					·									٠,		(give title		Other (s	pecify	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								1	pelow) pelow)					
C/O MOVADO GROUP, INC.					12/	12/31/2004									President - CEO					
650 FRC	M ROAD																			
030 FROM ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					4.1	I AIIIE	mament, t	Date 0	i Originai F	-iieu	(IVIOIIIII/Da	ay/ rear)		Line		om/Group	Filling	(Спеск Ар	olicable	
(Street) PARAM	US N	T	07652											,		led by One	Repo	rting Persor	,	
PARAM	US N.	J	0/652												Form filed by More than One Reporting					
				-	·										Person		, tricari	One repor	9	
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
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1. Title of S	Security (Inst	tr. 3)		2. Transa Date	action			A. Deemed xecution Date.					es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities				7. Nature of Indirect	
				(Month/E	Day/Ye	ear)	f any		Code (Instr		5)	1 OI (D) (IIISII. 3, 2		, 4 anu	Beneficia	ally (D)	(D) or	or Indirect	Beneficial	
							(Month/Day/Yea		r) 8)					Owned F Reported				Ownership (Instr. 4)		
									Code	V	Amount	(A) or (D)		Price	Transact	Fransaction(s) Instr. 3 and 4)			,,	
											(0)				(IIISti. 3 aliu 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			((e.g., p	uts,	call	s, warr	ants	, option	s, c	onverti	ble se	curit	ies)						
1. Title of	2.	3. Transaction	3A. Deemed	Date, Ti	1. Fransaction Code (Instr.				6. Date Exercisable and			7. Title and Amo		mount	8. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I						Expiration (Month/Da			of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of		(Month/Day		B)	ilisti.	Securities Acquired (A) or		Derivative Secu (Instr. 3 and 4)				ive Se		(Instr. 5)	Beneficially		Direct (D)	Ownership	
	Derivative Security												.)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
							Disposed									Reported		(1) (1110111 1)		
						of (D) (Instr. 3, 4 and 5)							Transaction((Instr. 4)	n(s)	"					
							1	Ė		$\overline{}$			Δr	nount		<u> </u>				
								Ш				l	or							
								Ш	Date	-	Expiration	l	Nu	ımber						
				(Code	v	(A)	(D)	Exercisabl		Date	Title	Si	nares						
Phantom Stock Unit	\$0	12/31/2004			A		354.49		(1)		(1)	Commo Stock		54.49	\$18.65	14,628.4	18	D		

Explanation of Responses:

1. Phantom stock units acquired under issuer's Deferred Compensation Plan for \$18.65 per share. Distributable in equal annual installments for 10 years following date of reporting person's termination of employment with issuer.

/s/ Efraim Grinberg

01/03/2005

** 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.