FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number:	3235-0104						
Expires:	December 31, 2014						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* MELITA KATHLEEN A			. Date of Event lequiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]							
(Last)	(First)	(Middle)	07/21/2003		4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below) Corporate Control		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)	(State)	(Zip)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		t (D) (In	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock					3,000	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		ty (Instr. 4) Conve		e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Kathleen A. Melita

07/21/2003

** 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 5 (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.