FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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* HAND MICHAEL 2. Date of Event Requiring Statement (Month/Day/Year) 04/08/2004			nent	3. Issuer Name and Ticker or Trading Symbol MOVADO GROUP INC [MOV]							
(Last) C/O MOVAD	(First) (Middle) MOVADO GROUP, INC.				Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
650 FROM ROAD					X Officer (give title Other (specify below)				6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) PARAMUS	NJ	07652				Corporate Contr	oller		X	•	y One Reporting Person y More than One erson
(City)	(State)	(Zip)							ļ		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						2,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Deriva	ative Security (Ins	str. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\	ite		itle and Amount of Securi Ierlying Derivative Securit		4. Conver	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Michael J. Hand

04/12/2004

** 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.