Edgar Filing: DEMARSILIS SALLIE A - Form 4/A

| DEMARSILIS SALL Form 4/A April 22, 2019 | IE A | | | | | | |
|---|--|---|--|--|--|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES MB 3235-0287 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940 State of 1934, State of 1934, State of 1934, State of 1935, State of 1934, Section 17(a) of the Investment Company Act of 1940 | | | | | | | |
| (Print or Type Responses) 1. Name and Address of R DEMARSILIS SALL | LIE A Symbol | Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer O GROUP INC [MOV] Image: Comparison of the second secon | | | | | |
| (Last) (First) C/O MOVADO GRO FROM ROAD, SUIT | (Middle) 3. Date (Month DUP, INC.,, 650 04/17/ | of Earliest Transaction /Day/Year) | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Chief Financial Officer | | | | |
| (Street) PARAMUS, NJ 0765 | Filed(M 04/19/ | nendment, Date Original onth/Day/Year) 2019 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) | (Zip) Ta | ble I - Non-Derivative Securities A | equired, Disposed of, or Beneficially Owned | | | | |
| Security (Month/I (Instr. 3) | action Date 2A. Deemed Day/Year) Execution Date, any (Month/Day/Yea | Code Disposed of (D) | 5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I)OwnershipFollowing Reported(Instr. 4)(Instr. 4)Transaction(s) (Instr. 3 and 4)(Instr. 4) | | | | |
| Common 04/17/2 Stock | .019 | A 7,008 A \$0 | 45,779 <u>(1)</u> D | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--|---------------------|--------------------|------------------------|---|---|--|
| | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|-------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DEMARSILIS SALLIE A C/O MOVADO GROUP, INC., 650 FROM ROAD, SUITE 375 PARAMUS, NJ 07652 | | | Chief Financial Officer | | | |
| Signatures | | | | | | |
| /s/ Mitchell C. Sussis, attorney-in-fact | | 04/22/2019 | | | | |
| **Signature of Reporting Person | | Date | | | | |
| Explanation of Responses: | | | | | | |

analion or nesponses.

- * 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).
- The original Form 4 filed April 19, 2019 is being amended to correct the total number of securities acquired and the total number of (1) securities beneficially owned, which were overstated in the original Form 4 due to a technical error.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.