### Edgar Filing: Morelli Francis Anthony - Form 4

Morelli Francis Anthony Form 4 September 26, 2017

if no longer

subject to

Section 16.

Form 4 or

Form 5

1(b).

#### **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 Number: Check this box

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Morelli Fra	Symbol		<b>d</b> Ticker or Trading	5. Relationship Issuer	5. Relationship of Reporting Person(s) to Issuer				
<b>7</b> )			OUP INC [MOV]	(Ch	(Check all applicable)				
(Last)	(First) (	Middle) 3. Date	of Earliest T	ransaction					
		(Month/	Day/Year)		Director		% Owner		
C/O MOV	ADO GROUP, IN	IC., 650 09/25/	09/25/2017			_X_ Officer (give title Other (specify			
FROM RC	DAD, SUITE 375					below) below) Sr. VP Global Bus. Proc. & CIO			
1110111110	, , , , , , , , , , , , , , , , , , , ,				Sr. VP C	flobal Bus. Proc.	& CIO		
	4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
	Filed(M	Filed(Month/Day/Year)			Applicable Line)				
					_X_ Form filed b	y One Reporting P	erson		
PARAMU					y More than One R	eporting			
(City)	(State)	(Zip) Tal	ble I - Non-	Derivative Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or	Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or Indirect	Beneficial		
× /		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	(I)	Ownership		
		· · · · ·		· · · · ·	Following	(Instr. 4)	(Instr. 4)		
					Reported		. ,		
				(A)	Transaction(s)				
				or					

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

or

Code V Amount (D) Price

3235-0287

January 31,

2005

0.5

Expires:

response...

Estimated average

burden hours per

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	nstr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr.			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(1)</u>	09/25/2017		А		41.88		(2)	(2)	Common Stock	41.88	\$

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Morelli Francis Anthony C/O MOVADO GROUP, INC. 650 FROM ROAD, SUITE 375 PARAMUS, NJ 07652			Sr. VP Global Bus. Proc. & CIO					
Signatures								
/s/ Mitchell C. Sussis, attorney-in-fact		09/26/2017						
**Signature of Reporting Person		Date						

# **Explanation of Responses:**

- \* 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).
- (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.

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.