FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

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 [*] SIRKIN ALLEN E				2. Issuer Name and Ticker or Trading Symbol <u>G III APPAREL GROUP LTD /DE/</u> [GIII]							ieck all ap	nship of Reporting Person(s) to Issuer I applicable)			
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015							ctor cer (give title w)	10% Owner Other (specify below)		
C/O G-III APPAREL GROUP, LTD. 512 SEVENTH AVENUE				4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) NEW YC	ORK NY	7 1	0018									n filed by Mor	e than One Re		
(City)	(St	ate) (A	Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
		1 401	le i - Non-Denv	auve Se	cunties Acq	urrea, L	Jisp	oseu oi,	OI Delle	fiicia	ily Own	ea			
1. Title of S	Security (Ins		2. Transac Date (Month/Da	tion 2, E y/Year) if	A. Deemed xecution Date, any Month/Day/Year)	3. Transact Code (In 8)	ion		es Acquire	ed (A) o	or 5. Am Secur Bene Owne	ount of rities ficially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
1. Title of S	Security (Ins		2. Transac Date	tion 2, E y/Year) if	A. Deemed xecution Date, any	3. Transact Code (In	ion	4. Securiti Disposed	es Acquire	ed (A) o	or 5. Am Secur Bene Owne Follo Repo Trans	ount of rities ficially d wing	Form: Direct (D) or	of Indirect Beneficial	
			2. Transac Date (Month/Da	tion 2. E Ny/Year) if (N	A. Deemed xecution Date, any	3. Transact Code (In 8)	ion str.	4. Securiti Disposed and 5)	es Acquire Of (D) (Inst	ed (A) o tr. 3, 4	or 5. Arr Secur Bene Owne Follo Repo Trans (Instr	oount of ities ficially d wing rted saction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
		tr. 3) Value \$.01 Per S	2. Transac Date (Month/Da Share 06/30/2 able II - Derivat	tion y/Year) 2015 ive Secu	A. Deemed xecution Date, any Month/Day/Year)	3. Transact Code (In 8) Code A red, Dis	ion str. V	4. Securiti Disposed and 5) Amount 1,421 Sed of, o	es Acquire Of (D) (Inst (A) or (D) A r Benefic	ed (A) of tr. 3, 4 Price	or 5. An Secur Bene Owne Follo Repo Trans (Instr	rount of rities ficially d wing rted iaction(s) . 3 and 4) 1,835	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

Derivative	Conversion	Date	Execution Date,	Transact	ion	of		Expiration D	ate	Amour	nt of	of	derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	if any	Code (Instr. Derivative		(Month/Day/Year)		Securities		Derivative	Securities	Form:	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	8)		Secu	rities			Underl	ying	Security	Beneficially	Direct (D)	Ownership
	Derivative					Acqu	ired			Derivat	tive	(Instr. 5)	Owned	or Indirect	(Instr. 4)
	Security					(A) oi	r			Security (Instr.			Following	(I) (Instr.	· · ·
						Disposed			3 and 4)		4)		Reported	4)	
						of (D)							Transaction(s)		
						(Instr. 3, 4							(Instr. 4)		
						and 5	5)								
											Amount				
											or				
											Number				
								Date	Expiration		of				
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares				

Explanation of Responses:

/s/ Allen Sirkin

** Signature of Reporting Person Date

07/01/2015

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.