FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* GAERTNER DEBORAH | | | | | <u>G III</u> | 2. Issuer Name and Ticker or Trading Symbol G III APPAREL GROUP LTD /DE/ [GIII] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | vner | |
|--|---|--|---|----------|--|---|---------|----|--|-----|------------------|---|-----------------------------------|---|---|--|---------------|---|---|--|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008 | | | | | | | | | Office: below) | r (give title v) | | Other (s | specify | |
| C/O G-III APPAREL GROUP LTD. | | | | | | | | | | | | | | Group Pres-G-III Women's | | | | | | |
| 512 SEVENTH AVENUE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form f | iled by One | Rep | orting Perso | on | |
| NEW YO | ORK N | Y 1 | 10018 | | | | | | | | | | | | Form f Perso | | e tha | n One Repo | orting | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | f, or Be | nefic | ially | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. and 5) | | | ities Acqu d Of (D) (I | ired (A |) or 4 | 5. Amor Securiti Benefic Owned | es ially | Forr (D) o | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | ce | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (msu. 4) | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactior Code (Instr 8) | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 0 D S | . Price If Perivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | |
| Stock Options (Right to buy) | \$13.04 | 03/03/2008 | | | A | | 25,000 | | 03/03/2009 ⁽¹⁾ | 03 | 3/03/2018 | Common Stock | 25,0 | 00 | \$0 | 25,000 | | D | | |

${\bf Explanation\ of\ Responses:}$

 $1. \ The \ option \ is \ subject \ to \ vesting \ at \ an \ annual \ rate \ of \ 20\% \ commencing \ on \ the \ first \ anniversary \ of \ the \ grant \ date.$

Deborah J Gaertner 03/06/2008

** 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 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.