FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	OMB APP	ROVAL
	OMB Number:	3235-0287
-	Estimated average	hurdon

0.5

hours per response:

5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

## 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

2. Issuer Name and Ticker or Trading Symbol

GOLDFARB MORRIS					III APPAREI	L GR	<u>OU</u>	<u>P LTD /D</u>	m ]   '		X Director	109	6 Owner	
(Last) (First) (Middle) C/O G-III APPAREL GROUP, LTD. 512 SEVENTH AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022  X Officer (give title below) CEO  CEO											
(Street) NEW YORK	NY	10018	 	4. If	Amendment, Date	of Orig	jinal F	iled (Month/Da	ay/Year)		Line	X Form filed by	oup Filing (Che One Reporting I More than One	Person
(City)	(State)	(Zip)												
1 Title of Security		able I - N	Ion-Derivat	_	Securities Ac	quire	d, D					Ily Owned 5. Amount of	6. Ownership	7. Nature of
1. Title of Security (Instr. 3)		Date (Month/Day/Year)		Execution Date,	Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5)			nd	Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(
Common Stock, Share	Par Value \$.01	Per	06/15/202	2		F		13,539(1)	D	\$22.	.2	1,844,964	D	
Common Stock, Share	Par Value \$.01	Per										200,000	I	Arlene Goldfarb 2012 Delaware Trust
Common Stock, Share	Par Value \$.01	Per										166,750	I	Goldfarb Family Partners, LLC
Common Stock, Share	Par Value \$.01	Per										200,000	I	Morris Goldfarb 2012 Delaware Trust
Common Stock, Share	Par Value \$.01	Per										500,000	I	Morris Goldfarb 2018 GRAT JG
Common Stock, Share	Par Value \$.01	Per										500,000	I	Morris Goldfarb 2018 GRAT LF
Common Stock, Share	Par Value \$.01	Per										29,666	I	Spouse
Common Stock, Share	Par Value \$.01	Per										76,175	I	The Morris And Arlene Goldfarb Family Foundation
Common Stock, Share	Par Value \$.01	Per										500,000	I	Morris Goldfarb 2021 GRAT JG
Common Stock, Share	Par Value \$.01	Per										500,000	I	Morris Goldfarb 2021 GRAT LF
							<u> </u>			<i>c.</i> .				

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		RA. IPee Desrivati Execution Date, if any (e.g., pl (Month/Day/Year)	ve Se Transa tso,d€ (	curit ction Mar, v	Secu	rities			Under	lying	(Instr. 5)	9. Number of derivative Securities Beneficially	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership
1. Title of Derivative Security (Instr. 3)	conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		ACOU ALCO BLANCO ACOU ACOU ACOU ACOU ACOU ACOU ACOU AC	r	Expiration Date (Month/Day/Year)		Perivative Security of str. Securities Underlying Derivative Security (Instr.		8. Price of Derivative Security (Instr. 5)	9 Wilfilber of Fellowing Securities Fellowing Wilfied) Following	Prindirect Compared by the street (D) Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
						Dispo of (D) (Instr and 5	sed . 3, 4	Date	Expiration		4) Amount or Number of		Reported Transaction(s) (Instr. 4)		
				Code	٧	(A)	(D)	Exercisable	Date	Title	Shares				
Explanatio	n of Respons	es:									or Number				
1. Represents shares withheld to satisfy Reporting Person's tax obligation in connection with the vester of 26,520 perpinations stock united.    Code   V   (A)   (D)   Exercisable   Date   Title   Shares															

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).