FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL         |           |  |  |  |  |  |  |  |  |  |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:          | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average bu | urden     |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

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

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*                 |   |  |  |  | 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) |   |   |   |  |
|--|---|--|--|--|---|---|---------|--------------------------|-----------------------------------|---|---------------------|-----------|---|---|---|---|---|--|
| POMERANTZ LAURA H  |   |  |  |  | GIII APPAREL GROUP LID /DE/ [ GIII ]  |   |         |                          |                                   |   |                     | (         | X Dire  | ector   | 10% (   |   |   |  |
| (Last) (First) (Middle)                                  |   |  |  |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019 |         |                          |                                   |   |                     |           |   | Offic<br>belo   | cer (give title<br>ow)  | Other<br>below  | (specify<br>)   |  |
| C/O G-III APPAREL GROUP, LTD.                            |   |  |  |  |   |   | 313     |                          |                                   |   |                     |           |   |   |   |   |   |  |
| 512 SEVENTH AVENUE                                       |   |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |         |                          |                                   |   |                     |           | 6. Individual or Joint/Group Filing (Check Applicable |   |   |   |   |  |
| (Street)   |   |  |  |  |   |   |         |                          |                                   |   |                     |           |   | Lin   | ,   | m filed by One  | e Reporting Pers  | son  |
| NEW YO   | ORK N   | <b>Y</b> 1                                 | 10018  |  |   |   |         |                          |                                   |   |                     |           |   |   |   | •   | re than One Rep   |  |
|  |   |  |  |  |   |   |         |                          |                                   |   |                     |           |   |   |   | son   |   | 3  |
| (City)   | (S  | tate) (                                    | Zip)   |  |   |   |         |                          |                                   |   |                     |           |   |   |   |   |   |  |
|  |   | Tabl                                       | e I - Non                                      | -Deriva  | ative   | Sec   | curitie | s Acc                    | quired                            | , Dis   | posed o             | f, or     | Bene  | ficia   | ly Own  | ed  |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |  |  | /Day/Year) i   |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | Transaction Code (Instr. |                                   | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |                     |           | Secu<br>Bene  | ficially<br>ed Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |   |  |  |  |   |   |         |                          | Code                              | v   | Amount              |           | (A) or<br>(D)   | Price   | Trans   | saction(s)<br>. 3 and 4)  |   | (11150: 4)   |
| Common   | Stock, Par  | Value \$.01 Per S                          | hare   | 06/13  | /2019   |   |         | A                        |                                   | 3,938   | 3                   | Α         | \$ <mark>0</mark>                                     | 40,694  |   | D   |   |  |
|  |   | Та   | uble II - D                                    |  |   |   |         |                          |                                   |   | sed of,<br>onvertib |           |   |   | Owned   | i   | ,   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date, T  | Code (Inst  |   |         |                          | 6. Date I<br>Expirati<br>(Month/I | on Dat  |                     | Amount of |   |   | 3. Price of<br>Derivative<br>Security<br>Instr. 5)                | derivative Securities   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |  | Code  | v   | (A)     | (D)                      | Date<br>Exercisa                  | able  | Expiration<br>Date  | Title     | Amo<br>or<br>Num<br>of<br>Sha                         | ber   |   |   |   |  |

**Explanation of Responses:** 

/s/ Laura Pomerantz

06/18/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.