FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S 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

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

| 1. Name and Address of Reporting Person* MILLER WAYNE S | | | | 2. Issuer Name and Ticker or Trading Symbol G III APPAREL GROUP LTD /DE/ [GIII] | | | | | | | | | Check all D | ship of Reporting policable) rector ficer (give title | | Issuer Owner r (specify | | |
|--|-------|------------|--|---|---|---|---|--|--|---|--------------------|-------------------|---|--|---|---|-------------|--|
| (Last) (First) (Middle) C/O G-III APPAREL GROUP, LTD. 512 SEVENTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2020 | | | | | | | | | A be | Chief Ope | belov rating Officer | , | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| NEW YO | ORK N | Y 1 | 10018 | | | | | | | | | | | F | orm filed by Mo | m filed by One Reporting Person m filed by More than One Reporting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Р | erson | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | (A) or 3, 4 ar | nd 5) See Be Ow | amount of curities neficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) str. 3 and 4) | | (iiisti. 4) | |
| Common Stock, Par Value \$.01 Per Share | | | 01/27 | 01/27/2020 | | | | F | | 21,874 | (1) | D | \$28 | 3.47 | 162,239 | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Executi Security or Exercise (Month/Day/Year) if any | | | 3A. Deen Executio if any (Month/D | n Date, Transaction Code (Instr. | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercise | able | Expiration Date | Title | or Nui of | ount mber ares | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy the Reporting Person's tax obligation in connection with the vesting of 40,855 restricted stock units.

<u>/s/ Wayne Miller</u>

01/29/2020

** 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.