FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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* PERLMAN DANA		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 01/08/2024 3. Issuer Name and Ticker or Trading Symbol GIII APPAREL GROUP LTD /DE/ [GIII]								
(Last) 512 SEVEN	(Last) (First) (Middle) 512 SEVENTH AVE			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) NEW YORK (City)	NY (State)	10018 (Zip)	,		Director X Officer (give title below) Chief Grwth Operat	10% Owner Other (specify below) tions Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [n: Direct Owne or Indirect		. Nature of Indirect Beneficial wnership (Instr. 5)			
					")	(l) (Inst	r. 5)				
Common St	tock, Par Valu	ue \$.01 Per Sha	ire		0	(l) (Inst					
Common St	ock, Par Valu		Table II - D)erivative		Ily Owr	ned)			
	rivative Securi	(e.g.	Table II - D	Derivative Is, warra	9 Securities Beneficiants, options, converti	Ily Owr	ned	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Dana Perlman

01/11/2024

** Signature of Reporting

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 5 (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.