FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 [*] VITALICHERYLL					2. Issuer Name and Ticker or Trading Symbol <u>G III APPAREL GROUP LTD /DE/</u> [GIII]							ck all ap	ionship of Reporting Person(all applicable) Director 1		lssuer Dwner	
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2016							-	cer (give title		(specify	
C/O G-III APPAREL GROUP, LTD. 512 SEVENTH AVENUE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) NEW YORK NY 10018										Forr	Form filed by More than O Person		•			
(City)	(St	ate) ((Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)										
	Security (ins	tr. 3)	D		Exec r) if any	ution Date, y	Transact Code (In		4. Securitie Disposed (and 5)			Secu Bene Owne	rities ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
	Security (ins	tr. 3)	D	ate	Exec r) if any	ution Date, y	Transact Code (In		Disposed 0			Secur Bene Owne Follo Repo Trans	rities ficially d wing	Form: Direct (D) or	of Indirect Beneficial	
		tr. 3) Value \$.01 Per :	D: (N	ate	Exec if any (Mon	ution Date, y	Transact Code (In 8)	str.	Disposed (and 5)	Of (D) (Inst	r. 3, 4	Secur Bene Owne Follo Repo Trans (Instr	rities ficially d wing rted saction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
		Value \$.01 Per	Share able II - E	ate Month/Day/Yea	Exec if any (Mon	ution Date, y tth/Day/Year) ties Acqui	Transact Code (In 8) Code A red, Dis	v v	Disposed C and 5) Amount 2,272 sed of, or	(A) or (D) (Inst (A) or (D) A Benefic	r. 3, 4 Price \$0 cially	Secur Bene Owne Follo Repo Trans (Instr	rities ficially ed wing rted saction(s) . 3 and 4) 21,487	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

Security	Conversion	Date (Month/Day/Year)	 Transaction of Code (Instr. Derivat 8) Securit Acquir		ative	Expiration D (Month/Day/	Amount of Securities Underlying Derivative		Derivative Security	Beneficially	Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
	Security			(A) or Disposed of (D) (Instr. 3, 4 and 5)			Security (Instr. 3 and 4)		(Instr. 5)		(I) (Instr. 4)	(1150.4)			
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

/s/ Cheryl L. Vitali

** Signature of Reporting Person

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.

06/17/2016

Date

OMB APPROVAL