FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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 [*] MILLER WAYNE S | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>G III APPAREL GROUP LTD /DE/</u> [GIII] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|------------------------|---------|--|--|---|------------------------|---|--------------------|--|---|---------------------------------------|--|---|-----------------------|---|---|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2010 | | | | | | | X Office below | er (give title | | Other (specify below) | | | |
| C/O G-III APPAREL GROUP, LTD. 512 SEVENTH AVENUE, 35TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | ne) X Form | | | | | |
| NEW YORK NY 10018 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | State) (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Sec | urit | ies Ao | cquired | l, Di | sposed o | of, or Be | eneficia | lly Owne | d | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day/ | | | | | ear) if | fany | tion | ed Date, y/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | d Securi Benefi Owned | cially 1 | For (D) Indi | rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) (| | (Instr. 4) | |
| Common Stock, Par Value \$.01 Per 03/29 | | | | /29/201 |)10 | | | | М | | 37,500 | Α | \$4.2 | 7 7 | 77,362 | | D | | |
| Common Stock, Par Value \$.01 Per 03/29/201 | | | | 10 | | | S | | 37,500 | D \$27.309 | | 99 3 | 39,862 | | D | | | | |
| | | | Table II | | | | | | | | osed of, o | | |)wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | c | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Number of Shares | 1 | | | | | |
| Employee Stock Option (Right to Buy) | \$4.27 | 03/29/2010 | | | М | | | 37,500 | 09/11/20 | 003 ⁽¹⁾ | 09/11/2012 | Common Stock | 37,500 | \$0 | 0 | | D | | |

Explanation of Responses:

1. The option was subject to vesting at an annual rate of 20% commencing on the first anniversary of the grant date.



03/31/2010

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.