Edgar Filing: GUESS INC - Form 4

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GUESS INC													
Form 4													
February 06,	2008												
FORM	14										PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box								Expires:	January 31,				
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNE				LOW	NERSHIP OF	Estimated	2005 average		
Section 1		SECURITIES							burden hours per				
Form 4 or Form 5									response 0.				
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
may continue Section 17(a) of the Public Utility Holding Company Act of 1955 of Section													
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940													
1(b).													
(Print or Type F	Responses)												
				ame a i						of Reporting Person(s) to			
Isaacson-Le	ibowitz Kay	Sym		ol					Issuer				
		GU	ESS IN	SS INC [GES]					(Check all applicable)				
(Last)	(First) (N	(First) (Middle) 3. Date of Earl			arliest Transaction				()				
				h/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify				
C/O GUESS ?, INC., 1444 SOUTH 02/04/20 ALAMEDA STREET				008 <u>—</u> Officer (gr					below)				
ALAMEDA	SIREEI												
(Street) 4. If Amendn Filed(Month/I				ndment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check				
									Applicable Line) _X_ Form filed by One Reporting Person				
LOS ANGE	LES, CA 90021									More than One R			
LOS ANOL	LLS, CA 70021								Person				
(City)	(State)	(Zip)	Table I	- Non	-De	rivative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deemed	3	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)								Beneficially (I	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Y		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				(D) or Indirect (I)		Beneficial Ownership			
((mou. 0) (mou. 0, 4 and 0)				5)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
G			(Code	V	Amount	(D)	Price	(mout 5 and 4)				
Common Stock	02/04/2008			А		5,009	А	<u>(1)</u>	11,333	D			
STOCK													

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Isaacson-Leibowitz Kay C/O GUESS ?, INC. 1444 SOUTH ALAMEDA STREET LOS ANGELES, CA 90021	Х						
Signatures							
/s/ Jason T. Miller (attorney-in-fact)	02/06						
**Signature of Reporting Person	Da	te					

Explanation of Responses:

- * 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).
- (1) Not applicable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.