FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	SES IN BENE	FICIAL OW	NERSHIP

-	OIVID AFFROVAL									
	OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																				
l		Reporting Person*						e and Tic			ng S	ymbol				eck all appli	cable)	g Pers	son(s) to Iss		
Benarouche Fabrice										-						Direct	or r (give title		10% Ov Other (s	·	
(Last)	(F	irst)	(Middle)		3. [Date (of Earl	iest Trans	sactio	on (Mo	nth/D	ay/Year)			-	below) ``		below)	specify	
C/O GUESS?, INC.						/05/2				`		, ,				SVP Finance and IR, CAO					
	UTH ALA	MEDA ST																			
					4.1	lf Ame	endme	nt, Date	of Or	riginal F	iled	(Month/Da	ay/Year	r)			Joint/Group	Filing	(Check Ap	plicable	
(Street)															Line	_	filed by One	e Reno	orting Perso	n	
LOS AN	GELES C	A	90021																One Repo		
-																Perso			·		
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	ı-Deriv	ativ	e Se	curi	ties Ac	qui	ired, I	Disp	osed o	f, or	Bene	eficiall	y Owned	ł				
Date			Date	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.						5. Amou Securiti Benefici	es ally	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership			
								"') ') 8)			Π,			Reporte	Owned Following Reported		(I) (Instr. 4)	(Instr. 4)		
									۱'	Code	V	Amount		A) or D)	Price	Transac (Instr. 3					
Common Stock															105	,395(1)		D			
Common Stock															4	158			By spouse		
			Table II -							•	•	,			•	Owned		•			
				(e.g., p	uts,	call	s, wa	arrants	, or	ption	s, c	onvertil	ble s	ecuri	ities)						
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, Transaction Code (Instr.				Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form: Direct (or Indir	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	te ercisabl		xpiration ate	Title	1	Amount or Number of Shares						
Stock Option (right to buy)	\$19.58	11/05/2024			H ⁽²⁾			25,000	11/	/05/2015	5 1	1/05/2024	Comm		25,000	\$17.58	153,30	00	D		

Explanation of Responses:

- 1. Reflects changes in form of ownership that are exempt pursuant to Rule 16a-13 under the Securities Exchange Act of 1934 since there was no change in pecuniary interest.
- 2. The reported stock options, initially granted on 11/5/2014, with an original exercise price of \$21.83 per share, were repriced on 5/3/2024 to an exercise price of \$19.58 per share. No shares were exercised, and the options expired unexercised on 11/5/2024. As a result, no value was realized by the filer.

Anne Deedwania (attorney-in-11/07/2024

fact)

** 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.