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* ALBERINI CARLOS | | | | | <u>GU</u> | 2. Issuer Name and Ticker or Trading Symbol GUESS INC [GES] | | | | | | | | | ionship all appl Direct | , | ıg Pe | erson(s) to Is | | |
|--|---|--|---|-------------------------|---------------------------------|---|-----|--|--|------|--------------------|---|--|---|---|--|-------------------------------------|---|--|--|
| (Last) | (Fi | rst) (| Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2006 | | | | | | | | X | Office below | r (give title | | Other (: below) | specify | |
| , , | ESS?, INC. | (| | -, | | | | | | | | | | | President and COO | | | | | |
| 1444 SOUTH ALAMEDA STREET | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | ne) X Form filed by One Reporting Person | | | | | | |
| LOS ANGELES CA 90021 | | | | | | | | | | | | | | Λ | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | . 5.55.1 | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | | | Year) if | Execution Date, | | | | | | es Acquir Of (D) (Ins | | and Securi Benefi Owned | | cially | For (D) Indi | m: Direct or irect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | | | tr. 4) | (Instr. 4) | |
| Common Stock 06/15/2006 | | | | | | 6 | | | M | | 35,000 | Α | \$4.6 | 3 4: | | 5,046 | | D | | |
| Common Stock 06/15/2000 | | | | | 006 |)6 | | | S | | 35,000 | D | \$41.3 | 1.3148 1 | | 0,046 | | D | | |
| | | T | able | II - Deriva (e.g., p | | | | | | | oosed of converti | | | | vned | | | | | |
| 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 (Month/Day/Year) | | 4. Transac Code (li 8) | action of (Instr. De Action (A Di of (Instr. De Cartier) | | ivative urities urited or posed D) itr. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | Seci | rice ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Oir or (I) 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$4.63 | 06/15/2006 | | | M | | | 35,000 | (1) | | 12/11/2010 | Common Stock | 35,000 | | (2) | 135,000 | | D | | |

Explanation of Responses:

- $1.\ The\ option\ vested\ 20\%\ on\ each\ December\ 31\ of\ 2001,\ 2002,\ 2003,\ 2004\ and\ 2005.$
- 2. Not applicable.

Remarks:

Carlos Alberini 06/19/2006

** 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.