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| DHARIA AR Form 4 | RVIND | | | | | | | | | | | |
|---|--|------------|--|---------------------|-----------|-------|--|---|--|-----------|--|--|
| September 20 |), 2010 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | OMB AP | PROVAL | | |
| | UNITEDS | TATES | | ITIES A hington, | | | NGE CO | MMISSION | OMB Number: | 3235-0287 | | |
| Check this if no long subject to Section 16 Form 4 or | er STATEM | | | | | | | | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a) |) of the] | | ility Hold | ing Con | ipany | Act of 19 | Act of 1934, 935 or Section | response | 0.5 | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | | | Symbol | Name and | | | Is | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | STEVE | N MADD | EN, LTI |). [S | HOOJ | (Check all applicable) | | | | |
| (Mont | | | | | | | | | Director 10% Owner _X Officer (give title Other (specify elow) below) Chief Financial Officer | | | |
| (Street) 4. If Amen Filed(Month | | | | h/Day/Year) Ap | | | | 5. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LONG ISLA | ND CITY,, NY 1 | 1104 | | | | | Pe | Form filed by Mo erson | ore than One Rep | oorting | | |
| (City) | (State) (Z | Zip) | Table | e I - Non-D | erivative | Secur | ities Acquir | ed, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | curity (Month/Day/Year) Execution Date, if | | 3. 4. Securities Acquired (Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock, par value \$0.0001 per share ("Common Stock") | 09/17/2010 | | | S | | D | \$ 39 | 43,540 | D | | | |
| Common Stock | 09/17/2010 | | | S | 5,000 | D | \$ 39.0906 | 38,540 | D | | | |
| Common Stock | 09/17/2010 | | | S | 4,040 | D | \$ 39.0609 | 34,500 | D | | | |

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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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | s I | ate | Unde Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|------------------------------------|--|---------------------|--------------------|---------------|--|---|--|
| | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| DHARIA ARVIND C/O STEVEN MADDEN, LTD 52-16 BARNETT AVENUE LONG ISLAND CITY,, NY 11104 | | | Chief Financial Officer | | | | | |
| Signatures /s/ Arvind Dharia Arvind Dharia | 09/20/2 | 010 | | | | | | |

**Signature of Reporting Person

Date

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).

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.