FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Yetnikoff Walter			Date of Event equiring Staten Month/Day/Year 5/27/2005	nent		er Name and Ticker or Trac VEN MADDEN, <u>I</u>					
(Last) (First) (Middle) C/O STEVEN MADDEN, LTD. 52-16 BARNETT AVENUE					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LONG ISLAND CITY, (City)	NY (State)	11104 (Zip)				Officer (give title below)	Other (spe below)	, 16	Applicable Line) $f X$ Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expira			Expiration Da	. Date Exercisable and expiration Date Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Securi		4. Conversi or Exerci Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Derivativ Security				

Explanation of Responses:

Remarks:

No securities are beneficially owned as of the date of the filing of this Form 3.

No securities are beneficially owned.

/s/ WALTER YETNIKOFF 07/07/2005

** 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 5 (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.