SEC Form 4

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287								
Estimated average burden								
hours per response	. 0.5							

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). arme and Address of Reporting Person* <u>eith Lisa</u> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationsh (Check all ap Dire

		on*	2. Issuer Name and Ticker or Trading Symbol STEVEN MADDEN, LTD. [SHOO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			<u></u>		Director	10% Owner			
(l. aat)	(First)	(Middle)		X	Officer (give title below)	Other (specify below)			
(Last)	(First)	(Mildule)	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021		VP, General Counsel,	Secretary			
C/O STEVEN M	IADDEN, LTD.		02/01/2021						
52-16 BARNET	T AVENUE								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Indiv	idual or Joint/Group Filing	(Check Applicable			
(Street)				Line)	ladar of controloup i mig	(encour) phicable			
LONG ISLAND	NV	11104		X	Form filed by One Repor	ting Person			
CITY					Form filed by More than Person	One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock, par value \$0.0001 per share	02/01/2021		F		148(1)	D	\$33.6	6,441	D	
Common Stock, par value \$0.0001 per share	02/01/2021		A		8,912 ⁽²⁾	Α	\$ <mark>0</mark>	15,353	D	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		n of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. Represents shares withheld to satisfy the reporting person's tax obligations in connection with the vesting of 375 shares of restricted common stock of Steven Madden, Ltd.

2. Reflects restricted stock grant made by Steven Madden, Ltd. (the "Company") to the reporting person on February 1, 2021 under the Steven Madden, Ltd. 2019 Incentive Compensation Plan (the "Plan"), which stock will vest and cease to be restricted in substantially equal installments on February 1, 2022, February 1, 2023, February 1, 2024, February 1, 2025, February 1, 2026, and until fully vested will be subject to forfeiture pursuant to the terms of the Plan.

<u>/s/ Mike Lomenzo, Attorney-</u> in-fact for Lisa Keith 02/02/2021

** 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.