FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
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).

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*  DHARIA ARVIND							2. Issuer Name <b>and</b> Ticker or Trading Symbol STEVEN MADDEN, LTD. [ SHOO ]										all app	licable)	ng Person(s) to I		
(Last) (First) (Middle) C/O STEVEN MADDEN, LTD 52-16 BARNETT AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/26/2006										X	belov				
(Street) LONG ISLAND CITY NY 11104  (City) (State) (Zip)															Indivine)	′					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Trans Date (Month)						ar) i	ZA. Deemed Execution Date, f any Month/Day/Year)		,   [	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									[	Code	v	Amount		(A) or (D)	Price	,	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 05/26/							2006			A		12,00	12,000 A		\$	0	12,000			D	
		Та	ıble II - D									sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Inst					Exp	Date Ex piration onth/Da			str. 3			ative derivative rity Securities		vnership vrm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Dat Exe	ite ercisab		Expiration Date	Title	or Nun of	ount nber res						

**Explanation of Responses:** 

Remarks:

/s/ ARVIND DHARIA

05/30/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.