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

| | | | | | $\overline{}$ | | | | | | | | | $\overline{}$ | | | | | | | | | |
|--|--|--|---|-------|--|---|---|-----|-------------------------------------|---|---|-------|-----------------------|---------------------|---|---|---|----------------------|--|------------|--|--|--|
| 1. Name and Address of Reporting Person* MIGLIORINI PETER | | | | | | 2. Issuer Name and Ticker or Trading Symbol STEVEN MADDEN, LTD. [SHOO] | | | | | | | | | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | - | | | | | |
| (Last) (First) (Middle) C/O STEVEN MADDEN LTD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2018 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | | | |
| 52-16 BA | RNETT A | VENUE | | | \vdash | | | | | | | | | | | | | | | | | | |
| (Street) LONG IS | SLAND N | Y 1 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivi ine) X | -/ | | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose 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) | rect lirect | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock, par value \$0.0001 per share 05/30/ | | | | | | | /2018 | | A 2,262 | | (1) A | | \$ | 0 | 7,826 | | D | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | /ned | | | | | | | |
| 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. Transactio Code (Inst | | | | 6. Date E Expiration (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | | | |

Explanation of Responses:

1. Reflects restricted stock grant made by Steven Madden, Ltd. to the reporting person on May 30, 2018 under the Steven Madden, Ltd. 2006 Stock Incentive Plan (the "Plan"), which stock will vest and cease to be restricted stock on May 25, 2019, and until fully vested will be subject to forfeiture pursuant to the terms of the Plan.

/s/ Arvind Dharia, Attorney-in-05/30/2018 Fact for Peter Migliorini

** 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.