## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> ALBERINI CARLOS (Last) (First) (Middle) C/O GUESS?, INC.					2. Issuer Name and Ticker or Trading Symbol <u>GUESS INC</u> [ GES ]     3. Date of Earliest Transaction (Month/Day/Year)     01/02/2008								tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner				
															(specify		
1444 SOUTH ALAMEDA STREET				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LOS ANGELES CA 90021				_							X Forr Forr	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z															
Table I - Non-Deriva																	
		Tabl	e I - Non-De	erivativ	e Secu	irities Acc	luired,	Disp	oosed of,	or Ben	eficia	lly Own	ed				
1. Title of s	Security (Ins		2. Trar Date	saction /Day/Year	2A.D Execu r) if any	eemed ution Date,	3. Transact Code (In 8)	tion	4. Securitie Disposed and 5)	es Acquire	ed (A) o	r 5. An Secu Bene Owne	nount of rities ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
1. Title of S	Security (Ins		2. Trar Date	saction	2A.D Execu r) if any	eemed ution Date,	3. Transac Code (In	tion	4. Securitie Disposed	es Acquire	ed (A) o	r 5. An Secu Bene Owne Follo Repo Trans	nount of rities ficially ed wing	Form: Direct (D) or	of Indirect Beneficial		
1. Title of S			2. Tran Date (Month	saction	2A. D Execu if any (Mont	eemed ution Date,	3. Transact Code (In 8)	tion	4. Securitie Disposed and 5)	es Acquire Of (D) (Ins (A) or	ed (A) o tr. 3, 4	r 5. An Secu Bene Owne Follo Repo Trans (Instr	nount of rities ficially d wing rted saction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership		
		tr. 3)	2. Trar Date (Month 01/0 ble II - Deri	saction /Day/Year 2/2008 vative \$	r) 2A. D Execu if any (Mont Securit	eemed ution Date, , th/Day/Year)	3. Transac Code (In 8) Code F	tion istr. V spo	4. Securiti Disposed and 5) Amount 1,182 sed of, o	es Acquire Df (D) (Ins (A) or (D) D r Benef	ed (A) o tr. 3, 4 Price \$37. icially	r 5. An Secur Bene Owne Follo Repo Trans (Instr	nount of rities ficially d wing rted saction(s) . 3 and 4) 39,697	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		

Deri	vative	Conversion	Date	Execution Date,	Transaction		of		Expiration D	Amount of		of	derivative	Ownership	of Indirect	L	
Secu	urity	or Exercise	(Month/Day/Year)	if any	Code (Instr.		Derivative		(Month/Day/Year)		Securities		Derivative	Securities	Form:	Beneficial	L
(Inst	tr.3)	Price of		(Month/Day/Year)	8) Securities Acquired (A) or		Secu	rities			Underl	ying	Security	Beneficially	Direct (D)	Ownership	L
1		Derivative					Acquired				Derivative		(Instr. 5)	Owned	or Indirect	(Instr. 4)	
		Security						Security (Instr.		r i	Following	(I) (Instr.	. ,	L			
1		-			Disposed				3 and 4)			Reported	4)		L		
1						of (D)				· ·			Transaction(s)			L	
1					(Instr. 3, 4							(Instr. 4)			L		
1						and 5)										L	
1												Amount					L
							I					or					L
							I					Number					L
							I		Date	Expiration		of					L
					Code	v	(A)	(D)	Exercisable		Title	Shares					l

Explanation of Responses:

**Remarks:** 

Carlos Alberini

01/02/2008 Date

\*\* Signature of Reporting Person

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.