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

| Name and Address of Reporting Person* YEMENIDJIAN ALEX | | | | GUE | 2. Issuer Name and Ticker or Trading Symbol GUESS INC [GES] | | | | | | | | | heck all a | tionship of Reporting all applicable) Director | | Person(s) to | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-----------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------|-------|-------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| (Last) | (Fir | st) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2010 | | | | | | | | | | fficer (give title elow) | | Other below) | (specify |
| C/O GUESS?, INC. 1444 SOUTH ALAMEDA STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applical Line) | | | | |
| (Street) | Contraction of the contraction o | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | e I - N | on-Deriv | ative S | Secu | ırities | s Acq | uired, [| Disp | osed o | f, or | Bene | ficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | | | Sed Bei Ow | mount of urities eficially ned owing | | . Ownership form: Direct D) or ndirect (I) Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | | A) or D) | Price | Re _l | oorted nsaction(s) str. 3 and 4) | ,,, | | (111341. 4) | | | | | | |
| Common Stock 02/01/2 | | | | | 2010 | | | A | | 4,493 | 3 | A | \$(|) | 37,561 | | 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) | rivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | ount | 8. Price of Derivati Security (Instr. 5 | Beneficia | e s Illy g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | | | Date Expiration Exercisable Date | | of Title Shares | | res | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Jason T. Miller (attorneyin-fact) 02/03/2010

** Signature of Reporting Person Date

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

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.

^{*} 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).