FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: 3235-01 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per respo | onse: 0.5 | | | | | | |

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* Anderson Kathryn Low | | | Date of Event equiring Staten Month/Day/Year 2/02/2019 | nent | 3. Issuer Name and Ticker or Trading Symbol GUESS INC [GES] | | | | | | |
|--|--|--|---|---|---|--|------------------------------------|--|--|---|--|
| (Last) C/O GUESS? | | (Middle) | | | | elationship of Reporting Person(s) to Issuer ck all applicable) Director 10% Owner 5. If Amendment, Date of Orig (Month/Day/Year) | | | ate of Original Filed | | |
| (Street) LOS ANGELES | MEDA STREE | 90021 | | | X | Officer (give title below) Chief Financial (| Other (specify below) Officer | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | nt of Securities ally Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| No securities beneficially owned. | | | | | 0 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | d 3. Title and Amount of Securiti Underlying Derivative Security | | y (Instr. 4) Conve | | ersion ercise | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Price of Derivative Security | | or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

/s/ Jason T. Miller (attorney-in-12/03/2019 fact)

** 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 5 (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.