

Edgar Filing: MADDEN STEVEN LTD - Form 3

MADDEN STEVEN LTD  
Form 3  
March 07, 2003

U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(h) of the Investment Company Act of 1940

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OMB Approval  
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OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden  
hours per response.....0.5  
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(Print of Type Responses)

1. Name and Address of Reporting Person\*

Gladstone

Roger

-----  
(Last)

(First)

(Middle)

8563 Horseshoe Lane

-----  
(Street)

Boca Raton

FL

33496

-----  
(City)

(State)

(Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

02/25/03

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Issuer Name and Ticker or Trading Symbol

Steve Madden, Ltd. (SHOO)

5. Relationship of Reporting Person to Issuer  
(Check all applicable)

Director

10% Owner

Officer (give title below)

Other (specify below)

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6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check applicable line)

Form Filed by One Reporting Person

Form Filed by More than One Reporting Person

Table I -- Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D) or<br>Indirect (I)<br>(Instr. 5) | 4. Nature<br>(Instr.) |
|------------------------------------|---|---|-----------------------|
|------------------------------------|---|---|-----------------------|

(1)

(1)

(1)

\* If the Form is filed by more than one Reporting Person, see Instruction 5(b) (v).

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

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 control number.

(Over)



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Note: File three copies of this form, one of which must be manually signed.  
If space provided is insufficient, see Instruction 6 for procedure.

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