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FOSSIL INC Form 4	2												
May 05, 200	6												
FORM	14				~						PPROVAL		
Washin						ND EXC D.C. 205		IGE C	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Pub 30(h) of the section 17(a) of the section 17(b) of the section				SECU 6(a) of ility H	U RI the oldi	TIES Securiti	es Ex pany	chang Act of	e Act of 1934, f 1935 or Sectio	Expires: Estimated a burden hou response n	rs per		
1(b).						1 5							
(Print or Type F	Responses)												
KARTSOTIS TOM Syn			Symbol	2. Issuer Name and Ticker or Trading Symbol FOSSIL INC [FOSL]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction						(Check all applicable)				
				Day/Year)					_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) Chairman				
				ndment, Date Original th/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
RICHARDS	SON, TX 75082								Person	Iore than One Re	eporting		
(City)	(State) (A	Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature o Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
Common	03/27/2006			G ⁽¹⁾		Amount 44,200	(D) D	Price \$ 0	4,518,624	D			
Stock	0312112000			0	•	-1-1,200	D	ψυ	4,510,024	D			
Common Stock	04/06/2006			G <u>(1)</u>	V	10,000	D	\$0	4,508,624	D			
Common Stock									4,000,000	Ι	by GRAT		
Common Stock									2,679,580	Ι	by Spouse		
Common Stock									32,980	Ι	Minor Child		

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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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								,	Amount		
									or		
						Date Exercisable	Expiration Date		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting O when Plante, Plantess	Director	10% Owner	Officer	Other		
KARTSOTIS TOM 2280 N. GREENVILLE AVENUE RICHARDSON, TX 75082	Х	Х	Chairman			
Signatures						
Randy S. Hyne, Attorney-in-Fact	05/05/2	2006				

Date

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* 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).

(1) Bona fide gift without consideration of any kind.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.