

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPRO\ | /AL |
|------------------|-------|
| OMB | 3235- |
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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 * Walsh Thomas | Statement (Month/Day/Ye | • | 3. Issuer Name and Ticker or Trading Symbol SKECHERS USA INC [SKX] | | | | |
|--|--|--|---|--|---|---|--|
| (Last) (First) (Middle) 12548 WEST FETLOCK TRAI | | -09/10/2010 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _XDirector10% OwnerOfficer (giveOther (specify | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person | |
| (Street) | | | | vner pecify Filing(C | | | |
| PEORIA, AZ 85383 | | | title below) | title below) below) | | Form filed by More than One Reporting Person | |
| (City) (State) (Zip) | T | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 4) | В | Amount eneficially nstr. 4) | y Owned | | Ownership | direct Beneficial | |
| Class A Common Stock | 10 | 00 | | D | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 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) Date Expiration Expiration Date Date Date Date | 3. Title Securit Deriva (Instr. | e and Amount of ties Underlying tive Security | 4. Conversior or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | | | (Instr. 5) | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Walsh Thomas | | | | | |
| 12548 WEST FETLOCK TRAIL | X | | | | |
| PEORIA, AZ 85383 | | | | | |

Signatures

| Thomas Walsh | 09/10/2010 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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.