UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per respon | se 0.5 | | | | |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type | Response | s) | | | | | | | | | | | | | |
|--|-------------|--|--|---|--|--------------------|---|---|---|---|---|---------------|--|---|-------------------------|
| 1. Name and Address of Reporting Person * RAPPAPORT RICHARD | | | 2. Issuer Name and Ticker or Trading Symbol SKECHERS USA INC [SKX] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) WESTPARK CAPITAL,, 1900 AVENUE OF THE STARS, SUITE 310 | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2013 | | | | | | r (give title belo | | Other (specify b | elow) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/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 Person | | | | | | | |
| LOS ANGELES, CA 90067 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Secu (Instr. 3) | urity | | 2. Transaction Date (Month/Day/Year) | | if | Code (Instr. 8) | | on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficially Owned Following Reported Transaction(s) | | Following | Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/Year) | ar) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 a | str. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Class A Cor | mmon St | ock | 09/19/2013 | | | S | | 1,000 | 11) | \$ 30.201 | 1 10,000 | | | D | |
| Reminder: Repindirectly. | port on a s | separate line | for each class of sec | urities beneficial | ly o | wned dire | | | no resp | ond to | the colle | ction of in | ıformation | SI | EC 1474 (9- |
| | | | | Derivative Secur | | - | the ed, D | form dis | splays of, or Bo | a curre | ently valid | d OMB cor | espond un ntrol numb | | 02) |
| (Instr. 3) Pri | onversion | 3. Transaction Date (Month/Day/Y | Year) Execution D | 4. Transactic Code (Year) (Instr. 8) | on 0 1 5 6 6 6 6 6 6 6 6 6 | of | erivative (M) curities equired) or sposed (D) ustr. 3, | | Date Exercisable d Expiration Date onth/Day/Year) | | Fitle and nount of derlying curities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirec | Ownership (Instr. 4) |
| | | | | Code | V | (A) (D) | Dat Exe | - | Expirati Date | ion Titl | Amount or Number of Shares | | | | |
| Reporti | ing O | wners | | | | | | | | | | | | | |

| Possetine Osses Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| RAPPAPORT RICHARD WESTPARK CAPITAL, 1900 AVENUE OF THE STARS, SUITE 310 LOS ANGELES, CA 90067 | Х | | | | | |

Signatures

| Richard Rappaport | 09/24/2013 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

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).

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.

