FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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| STATEMENT | OF | CHANGES | IN BEI | NEFICIAL | OWNERS | HIP |
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OMB APPROVAL

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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

| Name and Address of Reporting Person* Scully James S | | | | | | 2. Issuer Name and Ticker or Trading Symbol J CREW GROUP INC [JCG] | | | | | | | | | Check | all app | p of Reportin blicable) ctor er (give title | ng Perso | 10% C | |
|--|---|--|---|------------|-------|--|---------|---|-------------------|---|---------------------|---|-----------------|---------------------|---|---|--|---|--|---|
| (Last) (First) (Middle) C/O J. CREW GROUP, INC. 770 BROADWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2010 | | | | | | | | | X | below) Chief Admin O | | n Offic | below) | |
| (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transposite (Month/L | | | | | | Executi ay/Year) if any | | A. Deemed kecution Date, any lonth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A d Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (|
| Common Stock, par value \$0.01 | | | | 05/15/2010 | | | | D ⁽¹⁾ | | 17,500 | | D | \$(| \$0 | | 70,192(2) | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisi Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pri Deriv Secu (Insti | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

- 1. This Form 4 is being filed to reflect the forfeiture of 17,500 restricted shares of common stock, the vesting of which was subject to the issuer's satisfaction of certain performance criteria over a three-year period commencing on May 15, 2007 which have not been met.
- 2. Includes 17,500 restricted shares of Common Stock granted under an equity incentive plan of the issuer, which will vest on April 15, 2011.

Remarks:

/s/ James Scully

05/17/2010

** 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 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.

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.