

NEIMAN MARCUS GROUP INC
Form 5
August 28, 2002

FORM 5
UNITED STATES SECURITIES AND
EXCHANGE
COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1(b). Form 3 Holdings Reported
 Form 4 Transactions Reported
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(f) of the Investment Company Act of 1940

OMB APPROVAL

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(Print or Type Response)

<p>1. Name and Address of Reporting Person*</p> <p>Sewell Carl (Last) (First) (Middle)</p> <p>c/o The Neiman Marcus Group, Inc. 1618 Main Street</p>	<p>2. Issuer Name and Ticker or Trading Symbol</p> <p>The Neiman Marcus Group, Inc. (NMG.A)</p> <p>3. IRS or Social Security Number of Reporting Persons (Voluntary)</p>	<p>6. Relationship of Reporting Person(s) to Issuer (check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(specify below)</p>
<p>(Street)</p> <p>Dallas Texas 75201</p>	<p>4. Statement for Month/Year</p> <p>August 2002</p>	<p>7. Individual or Joint/Group Reporting (Check Applicable)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
<p>(City) (State) (Zip)</p>	<p>5. If Amendment, Date of Original (Month/Year)</p>	

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at the End of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V	Amount (A) or			

78ff(a).

**Signature of Reporting

Note: File three copies of this Form, one of which must be manually signed.

Date

If space provided is insufficient, *see* Instruction 6 for procedures. 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.