FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:							
Estimated average burden							
hours per response:	0.5						

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

McCreight David W.	Date of Event Requiring Staten Month/Day/Year 1/15/2011	nent 1	3. Issuer Name and Ticker or Trading Symbol URBAN OUTFITTERS INC [URBN]							
(Last) (First) (Middle) 5000 SOUTH BROAD STREET	11, 10, 2 011		 Relationship of Reporting Perso (Check all applicable) Director 	n(s) to Issue 10% Owne	(N	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) PHILADELPHIA PA 19112 (City) (State) (Zip)			X Officer (give title below) CEO, Anthropologi	Other (spe- below) e Group		plicable Line) X Form filed b	d/Group Filing (Check y One Reporting Person y More than One erson			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
No securities are beneficially owned		0	D							
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)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversio or Exercis	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

/s/ David W. McCreight

11/17/2011

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).