FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		
	Estimated average burden			

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37 hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

							011 00(11) 0	71 1110	investment C	ompany	7101	01 10-10								
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  LIFETIME BRANDS, INC [ LCUT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WINOKER LAURENCE							<u> </u>	<u> </u>			. ]			Directo	r		10% Ov	vner		
(Last) (First) (Middle)					3 [	Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s below)	pecify	
(Last)	`	,	(Middle)			06/16/2011														
C/O LIFETIME BRANDS INC.																				
1000 STEWART AVENUE					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					-   - '	Airie	mumem, i	Jaie	or Original i iii	su (IVIOIII	111/100	ty/ rear)		ine)	vidual of c	oiriu Group	ı ııııy	(Check Ap)	pilicable	
• •	N CITY N	v	11530											X	Form f	led by One	Repo	orting Person	n	
———	IN CITT IN		11330		.								Form fi		e than	One Repor	rting			
(City)	(S	state)	(Zip)																	
		Tab	le I - Nor	ı-Deriv	/ativ	e Se	curities	s Ac	quired, Di	spose	ed o	f, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D			ution Date, Transaction Code (Inst					4 and Securitie Benefici		s ally ollowing	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				Code V				Amo	ount	(A) or (D)	Price	,	Transact	nsaction(s) str. 3 and 4)			(Instr. 4)			
		-	Table II - I	Deriva	tive	Seci	urities	Aca	uired, Dis	nosed	l of.	or Bene	eficiall	lv O	wned					
									, options,											
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Transa Code (I			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		nd	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amoun or Numbe of Shares	r						
Employee Stock Option (Right to buy)	\$10.79	06/16/2011			A		10,000		(1)	06/16/2	2021	Common Stock	10,000	0	(2)	10,000	)	D		

## **Explanation of Responses:**

- 1. The options vest 25 percent per year over four years.
- 2. Field intentionally left blank in accordance with the instructions to Form 4.

/s/ Laurence Winoker

06/20/2011

\*\* 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.