FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person* WINOKER LAURENCE					2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT]									eck all app Direc	blicable) tor	ing Person(s) to 10% C		wner	
(Last)	(Fir	est) (MANDS, INC.		3. Date of Earliest Transaction (Month/Day/Year) 06/25/2023]	belov	Officer (give title below) EVP, Treasure		Other (sbelow)	specify	
1000 STEWART AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) GARDE CITY	RDEN NV 11530													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
						Rule 10b5-1(c) Transaction Indication													
(City)	(State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to							
		Table	I - No	n-Deriva	tive S	ecui	ities	Acq	uired,	Dis	osed of	, or	Ben	eficia	ılly Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,						ies Acquired (A) Of (D) (Instr. 3, 4			Benefi Owned Follow	ties cially I ing	Forr (D) (n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D) or)	Price		ed ction(s) 3 and 4)				
Common Stock 06/25/2						.023			F		608(1)	1	D	\$5.11		106,265		D	
Common Stock 06/27/20					023			F		541 ⁽²⁾]	D \$5.73		3 10	105,724		D		
		Tab		Derivativ (e.g., pu												d			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) 5. Numb of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)			vative irities uired or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		d 4)	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Exercisable Date		Title		res								

Explanation of Responses:

- 1. Payment of tax liability by withholding Common Stock incident to the vesting of 1,125 restricted stock. The restricted shares were granted on June 25, 2020 and vests 25% per year in four equal installments on each of June 25, 2021, June 25, 2022, June 25, 2023 and June 25, 2024.
- 2. Payment of tax liability by withholding Common Stock incident to the vesting of 1,000 restricted stock. The restricted shares were granted on June 27, 2019 and vests 25% per year in four equal installments on each of June 27, 2020, June 27, 2021, June 27, 2022 and June 27, 2023.

Remarks:

/s/ Sara Shindel, attorney-infact for Laurence Winoker

06/27/2023

** Signature of Reporting Person

Date

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

- * 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.