FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| 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

| SIMON (Last) C/O LIF | C/O LIFETIME BRANDS, INC. | | | | | | Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT] 3. Date of Earliest Transaction (Month/Day/Year) 03/19/2014 | | | | | | | | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specibelow) below) EVP & Group Pres of Tabletop | | | |
|---|---|--|---|---------|----------------|--|---|---|--|--|----------------------|---|--|---|---|--|--------------------------------------|--|---------------------------------------|
| 1000 STEWART AVENUE (Street) GARDEN CITY NY 11530 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indivine) | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deri | vative | Sec | uriti | es Ac | quired | , Di | sposed (| of, or Be | eneficia | lly (| Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exe) if ar | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securit | | es ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | ction(s) 3 and 4) | | | (1130.4) | | | |
| Common Stock | | | | 03/19/ | /2014 | | | | M | | 300 | A | \$12. | 78 | 31 | 168 | | D | |
| Common Stock 03/19/2 | | | | | /2014 | .014 | | | S | | 300 | D | \$18.0 | 167 30,868 | | ,868 | | D | |
| | | Т | able II | | | | | | | | oosed of converti | | | y Oı | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | Code (I | | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 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) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option | \$12.78 | 03/19/2014 | | | M | | | 300 | (1) | | 11/13/2017 | Common Stock | 300 | | (2) | 12,200 | | D | |

Explanation of Responses:

- $1. \ The \ options \ vested \ 20 \ percent \ per \ year \ over \ five \ years \ beginning \ on \ November \ 14, \ 2007.$
- 2. Field intentionally left blank in accordance with the instructions to Form 4.

<u>/s/ Glenn Simon</u> 03/21/2014

** 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.