FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPI | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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hours per response:

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

| | | | | | | | | | | | <u> </u> | | | | | | | | | |
|--|---|------------|--|-------------|-------------------------------|--|----------|--------------|---|------|------------------|----------|---------------------|---|---|--|--|--|------------|--|
| 1. Name and Address of Reporting Person* WESTERFIELD WILLIAM U | | | | | | 2. Issuer Name and Ticker or Trading Symbol LIFETIME HOAN CORP [LCUT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| VVEST | EKFIEL | D WILLIAM | <u>U</u> | | | | | | | | _ | - | | | X Directo | or | | 10% Ov | ner | |
| (Last) (First) (Middle) C/O TWINLAB CORP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2004 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| | _ | | | | | | | | | | | | | | | | | | | |
| 150 MOTOR PARKWAY SUITE 210 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (O) () | | | | | 1 | | | | _ | | | | | Line | , | | | | | |
| (Street) HAUPP | VIICE I | NY | 11788 | | | | | | | | | | | | _ | filed by One | | Ü | | |
| HAUPP | AUGE 1 | NI | 11/00 | | | | | | | | | | | | Form f | filed by More | e thar | One Repo | rting | |
| (City) | | Stata) | (7in) | | | | | | | | | | | | . 0.00 | • | | | | |
| (City) | | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | า-Deriv | ative | Sec | curities | s Ac | quired, I | Disp | osed c | of, or E | ene | ficial | ly Owned | k | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) | or | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | | ٦ | Table II - | | | | | | uired, Di , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (1 8) | | | | 6. Date Exe Expiration (Month/Day | Date | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | or Nu of | ımber | | | | | | |
| Stock Ontion | \$20.09 | 06/09/2004 | | | A | | 5,000 | | 06/09/2004 | 06 | 5/09/2014 | Commo | ¹ 5 | ,000 | (1) | 5,000 | | D | | |

${\bf Explanation\ of\ Responses:}$

1. Per Form 4 instructions, this field is intentionally blank.

William Westerfield

06/09/2004

** 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.