FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												hours per response:		
1. Name and Address of Reporting Person [*] Jarosh Rachael				vent Requiring Year))		U(I) of the Investment Company Act of 1940 3. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT]								
(Last) (First) (Middle) C/O LIFETIME BRANDS, INC. 1000 STEWART AVENUE (Street) GARDEN CITY NY 11530 (City) (State) (Zip)				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below)			10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(-))	()	()		Table	I - Non-De	erivative S	ecurities Beneficially Own	ed						
1. Title of Security (Inst	of Security (Instr. 4)					2. Amount of (Instr. 4)	Securities Beneficially Owned	3.	. Ownership For D) or Indirect (I) (m: Direct 4 (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0		D						
							curities Beneficially Owned options, convertible securi							
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Der (Instr. 4)		Deriva	Exerc		. Conversion or exercise Price of Derivative fecurity		6. Nature of India Ownership (Instr	
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security				
xplanation of Respons	ies:													

Remarks:

Exhibit 24.1 - Power of Attorney

/s/ Sara Shindel, attorney-in-fact for Rachael

Jarosh ** Signature of Reporting Person

01/29/2020 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 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). 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.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Sara A. Shindel as her true and lawful attorney-in-fact to: (1) execute for and on behalf of the undersigned, in any or all of the undersignedTMs capacities, any and all forms, schedules, statements and other documents whi (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID and timely 1 (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the bes The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform each and every act and thing whatsoever requisite, necessary, and p This Power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the foregoing attorney-in-fact. IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 20th day of January, 2020.

/s/ Rachael A. Jarosh Name: Rachael A. Jarosh Name: