FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person*  Gabai-Pinsky Veronique  2. Date of Event Requ Statement (Month/Day 06/25/2020				3. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [ LCUT ]								
(Last) C/O LIFETIME B 1000 STEWART A (Street) GARDEN CITY (City)		(Middle)  11530  (Zip)				onship of Reporting Person(s) to Is all applicable) Director Officer (give title below)	1	10% Owner Other (specify l	below)		ividual or Joint/Grou Form filed by C	Original Filed (Month/Day/Year)  up Filing (Check Applicable Line) One Reporting Person More than One Reporting Person
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount Owned (In	t of Securities Beneficially estr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable an Expiration Date (Month/Dayl/Year)  Date Exercisable Exercisable Date		Date	d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Conversion Exercity			ise or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)					
			Expiration le Date	Title			Amount or Number of Shares	Derivative Security		(Instr. 5)		

Remarks:

Exhibit 24.1 - Power of Attorney

/s/ Sara A. Shindel, attorney-in-fact for Veronique Gabai-Pinsky 06/26/2020

\*\* Signature of Reporting Person

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.

- KNOW ALL MEN BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Sara A. Shindel as her true and lawful attorn execute for and on behalf of the undersigned, in any or all of the undersigned's capacities, any and all forms, schedules, stated do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may the undersigned hereby grants to such attorney-in-fact full power and authority to do and perform each and every act and thing whith the power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 23rd day of June, 2020. (1) (2) (3)

/s/ Veronique Gabai-Pinksy Name: Veronique Gabai-Pinsky