FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANG | ES IN BENEFIC | CIAL OWNERSHIP |
|-----------|----------|---------------|----------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>SIEGEL DANIEL</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [lcut] | | | | | | | | | | eck all app Direc | ationship of Reporting all applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | vner | |
|---|---|--|--|---------|--|--|--------|-----------------------------------|------------|--|--------|-------------------|-------------------------------------|--|---|--|---|--|--|--|
| | | First) RANDS, INC. WENUE | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2013 | | | | | | | | | X Officer (give title Officer (specify below) President | | | | | | |
| (Street) | N CITY | NY | 11530 | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Yes | | | | | | ay/Year |) | Lin | e) X Form Form | , | | | | |
| (City) | - | | (Zip) ole I - No | n-Deriv | vative | | curiti | ies Ar | | ired I | Diei | nosed c | of or I | | eficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | I (A) or | 5. Amo Securi Benefi Owned | unt of ies cially Following | Forn Ily (D) o ollowing (I) (Ir | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 08/2 | 23/2013 | | | | | M | | 7,262 | 2 | A | \$2.1 | 9 29 | 299,125 | | D | | |
| Common | Stock | | | 08/2 | 3/2013 | /2013 | | | S | | 7,262 | 2 | D | \$13.7 | 75 29 | 1,863 | | D | | |
| Common | Stock | | | | | | | | | | | | | | | 6,000 I Tru: | | | Trustee ⁽¹⁾ | |
| | | - | Гable II - | | | | | | | | | sed of onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr 8) | | | | Exp | Date Exe piration onth/Day | Date | Amount of | | | 8. Price of Derivative Security (Instr. 5) | | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Employee Stock Option | \$2.19 | 08/23/2013 | | | M | | | 7,262 | | (2) | 0. | 4/02/2019 | Comm Stock | | 7,262 | (3) | 20,39 | 5 | D | |

Explanation of Responses:

- 1. Reporting person is trustee for a trust for the benefit of Katherine & Juliana Wells
- 2. The options vested and became exercisable in four equal installments on each of April 3, 2010, 2011, 2012 and 2013.
- 3. Field intentionally left blank in accordance with the instructions to Form 4.

08/26/2013 /s/ Daniel Siegel

** 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.