FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  NANNINGA CHERRIE                                                                                   |                                                                                        |         |         |                                         |         | 2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [ LCUT ]              |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 | heck all                                                                                  | tionship of Reporting<br>all applicable)<br>Director                                                                    |                                         |                                                                             | erson(s) to 1                                          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------|---------|-----------------------------------------|---------|----------------------------------------------------------------------------------------|--------|----------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------|--------------|----------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|----------|
| (Last)                                                                                                                                       | (Fir                                                                                   | ,       | Middle) |                                         |         | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2017                            |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 |                                                                                           | office<br>elow                                                                                                          | er (give title<br>v)                    |                                                                             | Other<br>below)                                        | (specify |
| C/O LIFETIME BRANDS, INC. 1000 STEWART AVENUE                                                                                                |                                                                                        |         |         |                                         |         | 4. If Amendment, Date of Original Filed (Month/Day/Year)                               |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 | Individual or Joint/Group Filing (Check A<br>Line)     X Form filed by One Reporting Pers |                                                                                                                         |                                         |                                                                             |                                                        |          |
| (Street)                                                                                                                                     | NCITY NY                                                                               | 7 1     | 1530    |                                         |         |                                                                                        |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 | F                                                                                         |                                                                                                                         | filed by Mor                            |                                                                             | •                                                      |          |
| (City)                                                                                                                                       | (St                                                                                    | ate) (Z | Zip)    |                                         |         |                                                                                        |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 |                                                                                           |                                                                                                                         |                                         |                                                                             |                                                        |          |
|                                                                                                                                              |                                                                                        | Tabl    | e I - N | on-Deriv                                | ative S | Secu                                                                                   | ıritie | s Acq                                                    | uired, [                                                                             | Disp        | osed of                                                                                            | f, or        | Bene           | ficia                                           | ally O                                                                                    | vne                                                                                                                     | ed                                      |                                                                             |                                                        |          |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day                                                                                |                                                                                        |         |         |                                         | .       | Execution Date,                                                                        |        |                                                          | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5) |             |                                                                                                    |              | Se<br>Be<br>Ov | Amount of curities eneficially wned bllowing    |                                                                                           | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)                                                                  |                                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)           |                                                        |          |
|                                                                                                                                              |                                                                                        |         |         |                                         |         | Code                                                                                   | v      | Amount                                                   |                                                                                      | A) or<br>D) | Price                                                                                              | Repo<br>Tran |                |                                                 | (Instr. 4)                                                                                |                                                                                                                         | (111501. 4)                             |                                                                             |                                                        |          |
| Common Stock 06/2                                                                                                                            |                                                                                        |         |         |                                         | 2017    |                                                                                        |        |                                                          | A                                                                                    |             | 3,794                                                                                              | 1            | A              |                                                 | (1) 2                                                                                     |                                                                                                                         | 26,736                                  |                                                                             | D                                                      |          |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                                        |         |         |                                         |         |                                                                                        |        |                                                          |                                                                                      |             |                                                                                                    |              |                |                                                 |                                                                                           |                                                                                                                         |                                         |                                                                             |                                                        |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                          | of 2. 3. Transaction tive Conversion Date Execution Date, or Exercise (Month/Day/Year) |         |         | 4.<br>Transaction<br>Code (Instr.<br>8) |         | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |        | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                                                                                      |             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |              | ount           | 8. Price<br>of<br>Derivat<br>Securit<br>(Instr. | ive<br>y<br>5)                                                                            | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | F C C C C C C C C C C C C C C C C C C C | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |          |
|                                                                                                                                              |                                                                                        |         |         |                                         | Code    | ode V (A) (D)                                                                          |        | Date Expir<br>Exercisable Date                           |                                                                                      |             | n of<br>Title Share                                                                                |              | res            |                                                 |                                                                                           |                                                                                                                         |                                         |                                                                             |                                                        |          |

## Explanation of Responses:

1. The common stock was issued for no consideration as part of director compensation.

/s/ Sara Shindel, Attorney-infact for Cherrie Nanninga 06/23/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.