FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0							
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

WINOKER LAURENCE			Date of Event Requiring Stater Month/Day/Yea 17/02/2007	nent	3. Issuer Name and Ticker or Trading Symbol <u>LIFETIME BRANDS</u> , <u>INC</u> [LCUT]							
	(First) ME BRANDS, II	(Middle)			4. Relationship of Reporting Person (Check all applicable) Director Office of the college of		10% Owne	er (Moi	5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) GARDEN CITY (City)	NY (State)	11530 (Zip)			X	Officer (give title below) SVP Finance/CFO/T	Other (spe below) reasurer	′ 6. In	icable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) Fo				l. Nature of Indirect Beneficial Ownership Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration			Expiration Da	. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (I		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			
Employee Sto	ck Option (right	to buy)	(1)	07/02/2017		Common Stock	75,000	20.81	D			

Explanation of Responses:

1. The stock option vests 20 percent per year commencing one year from the date of grant.

Laurence Winoker 07/09/2007

** 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 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.