Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
3235-0362								
Estimated average burden								

Form 3 Ho	oldings Repo	rted.											Luor	irs per i	response.	1.0	
_	ransactions R		File	ed pursuant to or Section													
1. Name and Address of Reporting Person* Glickman Jodie (Last) (First) (Middle)			LIFETI	2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director X 10% Ow Officer (give title below)				Owner (specify			
1233 BEECH STREET UNIT 35									104 117	2 0/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N 1 P 1 1	1:40		. (0)		
(Street) ATLANTIC BEACH NY 11509				4. II Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ite) (Zip)														
		Tabl	e I - Non-Deriv	ative Secu	uritie	es Ac	quire	d, Dis	sposed	of, or	Benefici	ally Ow	ned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or	ership II 1: Direct E	7. Nature of Indirect Beneficial Ownership		
							Amoui	nt	(A) or (D)	Price	Issue	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)		
Common St share	tock, par v	alue \$.01 per	05/02/2003		G		9,	840	A	(1)	9	93,061(2)		Ι .	(2)		
Common St share	tock, par v	par value \$.01 per 05/02/2003 G		j	3,	280	A	(1) 3		320,901 ⁽³⁾		Ι .	(3)				
Common Stock, par value \$.01 per share		05/02/2003			G		6,	560	A	(1)	61	611,011 ⁽⁴⁾		Ι .	(4)		
Common St share	Common Stock, par value \$.01 per hare 03/15/2004				G		4,	125	A	(1)	9	7,186 ⁽²⁾		Ι .	(2)		
Common Stock, par value \$.01 per share		03/15/2004			G		1,	375	A	(1)	32	2,276 ⁽³⁾		I .	(3)		
Common Stock, par value \$.01 per share		03/15/2004			G		2,	750	A	(1)	61	3,761(4)		Ι .	(4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative C Security (Instr. 3) F	rative Conversion Date Execution Date, Transaction of or Exercise (Month/Day/Year) if any Code (Instr. Deriva		Expiration Date (Month/Day/Year) wative (Month/Day/Year) irred or osed ()) r. 3, 4		Amou Secur Unde Deriv	rities rlying ative rity (Instr. 3)	Derivative Security (Instr. 5) Bel Ow Foll Re		e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)						
]]								or Number						

Explanation of Responses:

- 1 C:6
- 2. Represents shares held in three irrevocable trusts for the benefit of Jodie Glickman's spouse and children. Jodie Glickman is the sole trustee of each of the trusts.
- 3. Represents shares held in two irrevocable trusts for the benefit of Jodie Glickman. Jodie Glickman shares investment control with her siblings, who are the trustees of the trusts.
- 4. Represents shares held in three irrevocable trusts for the benefit of Jodie Glickman's siblings. Jodie Glickman is a trustee of each of the trusts.

Remarks:

/s/ Jodie Glickman

07/06/2005

** 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.