FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | 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).

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* COHEN BRUCE | | | | | | 2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | | |
|--|---|---|------------------|--------------|-----|---|---|---|--------------------|---|---------------------|----------------------------------|---|-----|--|---|--|---|---|--|--|--|
| (Last) | ast) (First) (Middle) EVANS DRIVE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/12/2005 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) BROOKVILLE NY 11545 (City) (State) (Zip) | | | | | | 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 | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa- Date (Month/Date | | | | | | ar) i | 2A. Deemed Execution Date, f any Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | rities Acquired (A) d Of (D) (Instr. 3, | | | 5. Amo Securi Benefi Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Pric | :e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common Stock, par value \$.01 per share 04/12/ | | | | | | | 2005 | | G | v | 6,048 | 8 | A | (1) | | 156,264 ⁽²⁾ | | | I | .(2) | | |
| Common Stock, par value \$.01 per share 04/12/ | | | | | | | | | | V | 1,512 | 2 | A | (1) | | 263,150 ⁽³⁾ | | | I | .(3) | | |
| Common Stock, par value \$.01 per share 04/12. | | | | | | | | | G | V | 3,024 | 4 | A | (1) | | 677,423 ⁽⁴⁾ | | | I | .(4) | | |
| | | 7 | able II - I (| | | | | | | | sed of, onvertib | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year | if any | cution Date, | | 4. Transaction Code (Instr. 8) | | of I | | xercis n Date ay/Ye | | Amo Sec Und Deri Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Code | | v | (A) | (D) | Date Exercisal | | Expiration Date | Amoun or Number of Title Shares | | ber | | | | | | | | | | |

Explanation of Responses:

- 1. Gift.
- 2. Represents shares held in four irrevocable trusts for the benefit of Bruce Cohen's spouse and children. Bruce Cohen is the sole trustee of each of the trusts.
- 3. Represents shares held in an irrevocable trust for the benefit of Bruce Cohen. Bruce Cohen shares investment control with his siblings, who are the trustees of the trust.
- 4. Represents shares held in four irrevocable trusts for the benefit of Bruce Cohen's siblings. Bruce Cohen is a trustee of each of the trusts.

Remarks:

<u>/s/ Bruce Cohen</u> <u>07/06/2005</u>

** 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.