FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMD Number	3235-0287								
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Estimated average burden									
hours per response	: 0.5								

	Check this box if no longer subject
$\neg$	to Section 16. Form 4 or Form 5
J	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

					01 360	tion 3	0(11)	n tile ii	ivesinen	it Coi	npany Act o	1 1940	<u>'</u>						
Name and Address of Reporting Person*      Kay Robert Bruce					2. Issuer Name <b>and</b> Ticker or Trading Symbol  LIFETIME BRANDS, INC [ LCUT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kay Robert Bruce															Direc	tor		10% O	wner
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								X	Office belov	er (give title v)		Other (s	specify	
C/O LIFETIME BRANDS, INC.					03/17/2023										C	Chief Executive Officer			
1000 STEWART AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person				
GARDEN CITY NY 11530														Form filed by More than One Reporting Person					
					Rule	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	osed of	, or E	Bene	ficial	ly Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date			Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (AD Disposed Of (D) (Instr. 35)			Benefi Owned Follow	ties cially I ing	Forn (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)		Price		ted action(s) 3 and 4)				
Common Stock														441,765			D		
Common Stock 05/17/2					023			P		3,000	A	A	\$5.03	66,000			I <sup>(1)</sup>	Trust <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date,			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative prities priced prosed osed )	6. Date E Expiratio (Month/D	on Da	te Amou Secui Unde Deriv Secui		ount of urities Serlying (I vative urity tr. 3 and 4)		Price of erivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Date Exercisa	Expiration Date		Title	Amo or Num of Shar	ber							

## **Explanation of Responses:**

- 1. The reporting person disclaims beneficial ownership of all securities held by the trust, and this report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 2. Irrevocable family trust for which the reporting person's spouse is a trustee.

## Remarks:

/s/ Sara Shindel, attorney-infact for Robert B. Kay

05/18/2023

\*\* 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.