FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| 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* SIEGEL DANIEL (Last) (First) (Middle) C/O LIFETIME BRANDS, INC. 1000 STEWART AVENUE (Street) | | | | | | | Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT] One of Earliest Transaction (Month/Day/Year) O6/05/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | rector fficer elow) | (give title executive Vice Pr | | 10% Owner Other (specify below) | |
|--|---|------------|--|-------|------------------------------|-------|---|---|----------|---|------|--|--|---------------|--|---|--|---|---|--|--|
| GARDEN CITY NY 11530 | | | | | - | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | xecut any | A. Deemed recution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 06/05/ | | | | | | | 2012 | | | М | | 1,970 | 0 | A | \$4. | 6 | 243,833 | | | D | |
| Common Stock 06/05/ | | | | | | | 2012 | | | S | | 1,970 | 0 | D | \$11. | .3 | 241,863 | | D | | |
| Common | Stock | | | | | | | | | | | | 6,00 | | 000 | | I | Trustee ⁽¹⁾ | | | |
| | | | Table II - | | | | | | | | | sed of onverti | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | Ex | Date Exe piration lonth/Da | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price Deriva Securi (Instr. | ntive ity 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da Ex | ate kercisabl | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | | |
| Employee Stock Option | \$4.6 | 06/05/2012 | | | M | | | 1,970 | | (2) | 11 | 1/10/2018 | Comi | | 1,970 | (3) | | 0 | | D | |

Explanation of Responses:

- 1. Reporting person is trustee for a trust for the benefit of Katherine and Juliana Wells.
- 2. The options vested in four equal installments beginning November 10, 2009.
- 3. Field intentionally left blank in accordance with the instructions to Form 4.

<u>/s/ Daniel Siegel</u> <u>06/07/2012</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.