| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per resp | onse: 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | of Section So(n) of the investment Company Act of 1940 | | | | | | |
|-----------------|--|------------------|--|------------------|---|----------------|--|--|--|
| 1. Name and Add | lress of Reporting <mark>ky Veroniqu</mark> | | 2. Issuer Name and Ticker or Trading Symbol <u>LIFETIME BRANDS, INC</u> [LCUT] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | <u>ky veroniqu</u> | <u> </u> | | X | Director | 10% Owner | | | |
| | | | | _ | Officer (give title | Other (specify | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| C/O LIFETIM | IE BRANDS, I | NC. | 06/24/2021 | | | | | | |
| 1000 STEWA | RT AVENUE | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | X | Form filed by One Reporting Person | | | | |
| GARDEN CITY | NY | 11530 | | | Form filed by More than One Reporting Person | | | | |
| | | | — | | | | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Ber | eficially | v Owned | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|---------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11511.4) |
| Common Stock | 06/24/2021 | | A | | 5,468 | Α | \$0 ⁽¹⁾ | 15,885 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (e.g., puts, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/\ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The common stock was issued for no consideration as part of director compensation.

Remarks:

/s/ Sara Shindel, attorney-in-

06/25/2021 fact for Veronique Gabai-Pinsky

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).