FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* PHILLIPS CRAIG | | | | | | 2. Issuer Name and Ticker or Trading Symbol LIFETIME BRANDS, INC [LCUT] | | | | | | | | | k all app | , | ig Pers | son(s) to Iss 10% Ow | |
|--|---|--|--------|---------------------------------|--|---|---|-----|---|------|---|--|--------------------------------|---------------------------|---|--|-------------|--|---|
| (Last) | (Fi | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024 | | | | | | | | | Office belov | er (give title v) | | Other (s below) | pecify |
| C/O LIFETIME BRANDS INC. 1000 STEWART AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | , | | | | . |
| (Street) GARDE | N NY 11530 | | | Rul | Rule 10b5-1(c) Transaction Indica | | | | | | icatio | on | | Form Perso | filed by Mor | re than | One Repo | orting | |
| (City) | (St | ate) (Z | | | 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. | | | | | | | | | | | ided to | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | Deemed cution Date, y oth/Day/Year) | | Transaction [| | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | A) or , 4 and | | ies cially Following | Form: | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | | ection(s) 3 and 4) | | | Instr. 4) |
| Common Stock 06/20/2 | | | | | | .024 | | | | | 11,653(1) |) A | | \$0 ⁽²⁾ | 617,516 | |] | D | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / OF D O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

- 1. The restricted stock was granted on June 20, 2024, pursuant to the Company's Amended and Restated 2000 Long-Term Incentive Plan (as amended through June 23, 2022) and vests on the first anniversary of the date of grant.
- 2. The common stock was issued for no consideration as part of director compensation.

Remarks:

/s/ Sara Shindel, attorney-infact for Craig Phillips

06/24/2024

** 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.