## Edgar Filing: DEPARTMENT 56 INC - Form 4

DEPARTME	NT 56 INC										
Form 4											
January 05, 20	005										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287			
Check this	s box		vv as	migton, i	D.C. 205	949				January 31,	
if no longer STATEMENT OF CHANCES U				GES IN B	IN BENEFICIAL OWNERSHIP OF				Expires:	2005	
subject to Section 16		STATEMENT OF CHANGES IN BENEFICIAL SECURITIES				2000		Estimated average burden hours per			
Form 4 or		SECONTIES							response	s per 0.5	
Form 5	Filed	pursuant to	Section 16	(a) of the	Securiti	es Ex	change	Act of 1934,			
obligation may contin		17(a) of the	Public Uti	ility Holdi	ing Com	pany	Act of	1935 or Sectior	ı		
See Instruc		30(h)	) of the Inv	vestment (	Company	Act	of 1940	)			
1(b).											
	`										
(Print or Type R	esponses)										
1 Name and Ac	Idress of Report	ting Person *	2 Iaanaa	Nama and '	Fielten en 7	Fradim		5. Relationship of	Reporting Pers	on(s) to	
KASEN STEWART M Symbol				r Name <b>and</b> Ticker or Trading				Issuer			
				EPARTMENT 56 INC [DFS]							
(Lost)	(First)	(Middle)		Earliest Tra	-	515]		(Check	k all applicable	)	
(Last)	(First)	(Midule)	(Month/Da		nsaction			X Director	10%	Owner	
			01/03/20	-				Officer (give title Other (specify			
CITY WEST			01/00/20					below)	below)		
			4. If Amen	. If Amendment, Date Original ïled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
							_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
EDEN PRAI	RIE, MN 55	344						Person	ore than One Rej	porting	
(City)	(State)	(Zip)	<b>T</b> - 1, 1,	I N. D.		•	• • •	·		0	
	× ,						-	ired, Disposed of		-	
1.Title of		n Date 2A. De		3. Transactiv	4. Securi			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed o Instr. 3) any Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct					
(			h/Day/Year)				- /	Owned		Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Cala V	A	or	Duiter	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock	01/03/2005	5		А	2,000	А	\$	4,500	D		
(restricted)	51,00,2000				_,000		16.78	.,			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) 5	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 16.78	01/03/2005		А	4,000	01/03/2005	01/03/2015	Common Stock	4,000

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
KASEN STEWART M DEPARTMENT 56, INC. 6436 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	Х						
Signatures							
Julie S. Wingert, attorney in fact	01/0	5/2005					
<pre>**Signature of Reporting Person</pre>	Γ	Date					
Explanation of Responses:							

## Explanation of Responses:

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.