Edgar Filing: LENOX GROUP INC - Form 4

LENOX GR	OUP INC									
Form 4	007									
August 14, 2	_							OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB		
Charle th	. h	Wa	shington,	D.C. 205	549			Number:	3235-0287	
Check this box if no longer								Expires: Ja	January 31, 2005	
subject to STATEMENT OF CHANG Section 16. Form 4 or				IGES IN BENEFICIAL OWNE SECURITIES				Estimated a burden hou response	average	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type I	Responses)									
Bringsjord Conrad Symbol			uer Name and Ticker or Trading I DX GROUP INC [LNX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)						(Check all applicable)				
								ive titleOther (specify below)		
(Street) 4. If Amer Filed(Mont			nendment, Date Original lonth/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			
NEW YORK, NY 10019									F 8	
(City)	(State) (Zi	^{p)} Tab	le I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$0.01 par value per share	08/13/2007		P	Amount 90,824	(D) A	Price \$ 4.59	1,756,713	I	See Footnote (1) below (1)	
Common Stock, \$0.01 par value per share	08/14/2007		Р	26,500	A	\$ 4.58	1,783,213	I	See Footnote (1) below (1)	

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

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 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)	4. Transact Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Bringsjord Conrad 9 WEST 57TH STREET 26TH FLOOR NEW YORK, NY 10019	Х	Х						
Signatures								
/s/ Conrad Bringsjord	08/14/2007							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The securities indirectly beneficially owned by Conrad Bringsjord are owned directly by Clinton Multistrategy Master Fund, Ltd., a Cayman Islands company ("CMSF") and Clinton Special Opportunities Master Fund, Ltd., a Cayman Islands company ("CSO"). Mr.

(1) Bringsjord may be deemed to be the indirect beneficial owner of the securities reported herein by reason of his position as managing director and senior portfolio manager at Clinton Group, Inc., a Delaware corporation ("CGI"), which is deemed to be the indirect beneficial owner of the securities reported herein by reason of its position as investment manager of CMSF and CSO. Mr. Bringsjord disclaims beneficial ownership of any and all such securities in excess of his actual pecuniary interest.

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.

**Signature of

Reporting Person