

LINENS N THINGS INC  
 Form 3  
 October 26, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

|                                           |         |                                      |                                                                                  |                                                      |
|-------------------------------------------|---------|--------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol                                      |                                                      |
| Å Jacobsen Jakup a Dul                    |         | (Month/Day/Year)                     | LINENS N THINGS INC [LIN]                                                        |                                                      |
| (Last)                                    | (First) | (Middle)                             | 4. Relationship of Reporting Person(s) to Issuer                                 | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|                                           |         | 10/21/2005                           |                                                                                  |                                                      |
| SMARATORGI 1,Å                            |         |                                      | (Check all applicable)                                                           |                                                      |
| (Street)                                  |         |                                      | <input type="checkbox"/> Director                                                | <input checked="" type="checkbox"/> 10% Owner        |
|                                           |         |                                      | <input type="checkbox"/> Officer                                                 | <input type="checkbox"/> Other                       |
| 201 KOPAVOGLI,Å K6Å 104                   |         |                                      | (give title below) (specify below)                                               |                                                      |
| (City)                                    | (State) | (Zip)                                | 6. Individual or Joint/Group Filing(Check Applicable Line)                       |                                                      |
|                                           |         |                                      | <input type="checkbox"/> Form filed by One Reporting Person                      |                                                      |
|                                           |         |                                      | <input checked="" type="checkbox"/> Form filed by More than One Reporting Person |                                                      |

**Table I - Non-Derivative Securities Beneficially Owned**

|                                    |                                                          |                                                                   |                                                          |
|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

|                                               |                                                             |                                                                                |                                                        |                                                                               |                                                          |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Security:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|                                               | Date Exercisable                                            | Expiration Date                                                                |                                                        |                                                                               |                                                          |
|                                               |                                                             | Title                                                                          | Amount or Number of Shares                             |                                                                               |                                                          |

|                                                            |            |            |                                |                                  |                       |   |                                                                      |
|------------------------------------------------------------|------------|------------|--------------------------------|----------------------------------|-----------------------|---|----------------------------------------------------------------------|
| Equity Swap (obligation to purchase) <u>(1)</u> <u>(2)</u> | 10/26/2005 | 04/05/2006 | Common Stock, \$0.01 Par Value | 4,823,700                        | \$ 25.4834            | I | See Footnotes 1 and 2 in attached Exhibit 99.2 <u>(1)</u> <u>(2)</u> |
|                                                            |            |            |                                | <u>(1)</u> <u>(2)</u> <u>(3)</u> | <u>(4)</u> <u>(5)</u> |   |                                                                      |

## Reporting Owners

| Reporting Owner Name / Address                                        | Relationships |           |         |       |
|-----------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                       | Director      | 10% Owner | Officer | Other |
| Jacobsen Jakup a Dul<br>SMARATORGI 1<br>201 KOPAVOGI, K6 104          | Â             | Â X       | Â       | Â     |
| Lagerinn ehf<br>SMARATORGI 1<br>201 KAPAVOGI, K6 104                  | Â             | Â X       | Â       | Â     |
| TF Holding P/F<br>KONGABRUGVIN<br>POST BOX 329<br>TORSHAVN, H6 FO 110 | Â             | Â X       | Â       | Â     |

## Signatures

/s/ Jakup a Dul  
Jacobsen

10/26/2005

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) The text of the footnotes to this Form 3 can be found in Exhibit 99.2 to this Form 3.
- (2) The text of the footnotes to this Form 3 can be found in Exhibit 99.2 to this Form 3.
- (3) The text of the footnotes to this Form 3 can be found in Exhibit 99.2 to this Form 3.
- (4) The text of the footnotes to this Form 3 can be found in Exhibit 99.2 to this Form 3.
- (5) The text of the footnotes to this Form 3 can be found in Exhibit 99.2 to this Form 3.

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### Remarks:

Exhibit List

Exhibit 99.1 - Joint Filer Information  
Exhibit 99.2 - Footnotes

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.