

LINENS N THINGS INC
 Form 3
 October 26, 2005

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

OMB APPROVAL

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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 (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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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 (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (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 SMARATORGI 1 201 KOPAVOGI, K6 104	Â	Â X	Â	Â
Lagerinn ehf SMARATORGI 1 201 KAPAVOGI, K6 104	Â	Â X	Â	Â
TF Holding P/F KONGABRUGVIN POST BOX 329 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.