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 or Section 30(h) of the Investment Company Act of 1940

DALLEN KADLA	2. Date of Event Requiring Statemer Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol  LANDS END INC [ LE ]					
(Last) (First) (Middle)  1 LANDS? END LANE  (Street)  DODGEVILLE WI 53595  (City) (State) (Zip)	03/17/2014	4.	. Relationship of Reporting Pers Check all applicable) Director X Officer (give title below) See Remark	10% Owne Other (spe below)	er 6. I App	ndividual or Join blicable Line)  X Form filed b	oate of Original Filed  out/Group Filing (Check  y One Reporting  y More than One Person	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities neficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisa Expiration Date (Month/Day/Yea	)	Title and Amount of Securi Underlying Derivative Securi 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Expiration Date	Amount Price of	Derivative	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

## Remarks:

Senior Vice President, General Counsel and Corporate Secretary

No securities are beneficially owned.

/s/ Karl A. Dahlen 03/17/2014

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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