SEC Form 4 FORM 4	UNITED STATES SECURITIES AND EXCHANGE COM	MISSION		
	Washington, D.C. 20549	OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	OMB Number: Estimated average bur hours per response:	3235- Irden	
	or Section 30(h) of the Investment Company Act of 1940			
1. Name and Address of Reporting Person Wesemann William	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>LIVEPERSON INC</u> [ LPSN ]	5. Relationship of Re (Check all applicable		Issuer

				ction 30(h) of the In			. ,	.940						
1. Name and Address of Reporting Person <sup>*</sup> Wesemann William				2. Issuer Name and Ticker or Trading Symbol <u>LIVEPERSON INC</u> [ LPSN ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O LIVEPERSON, INC. 475 TENTH AVENUE 5TH FLOOR				of Earliest Transac (2022	ction (M	onth/D	0ay/Year)		Officer (give title below)	Other below	(specify )			
475 TENTITAVENCE STITTEOOK				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YORK	NY	10018						X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)												
		Table I - No	n-Derivative S	ecurities Acq	uired,	Dis	posed of,	or Ben	eficially	Owned				
Date			2. Transaction Date (Month/Day/Year)	Execution Date,		ction Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code V		Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock			05/02/2022		<b>M</b> <sup>(1)</sup>		15,000	A	\$17.88	181,830	D			
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) (Month/Day/Year) 3. Transaction if any (Month/Day/Year) 3. Deemed if any (Month/Day/Year) 3. Code (Instr. 8) 4. Transaction Code (Instr. 8) 4. Transaction Code (Instr. 8) 5. Numb Code (		vative urities uired or oosed O) (Instr.	6. Date Exerci Expiration Dat (Month/Day/Ye	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Stock	\$17.88	05/02/2022		М			15,000	06/07/2013 <sup>(2)</sup>	06/07/2022	Common Stock	15,000	\$ <mark>0</mark>	0	D	

Explanation of Responses:

1. The exercise reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

2. The option is fully vested and currently exercisable.

## **Remarks:**

/s/ Monica Greenberg, Attorney 05/04/2022

3235-0287

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in Fact for William Wesemann \*\* Signature of Reporting Person Date

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

 $\ast$  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.

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.