FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | len | | | | |
| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Carlough Daryl | | | | | | 2. Issuer Name and Ticker or Trading Symbol LIVEPERSON INC [LPSN] | | | | | | | | | Check all | applic Director | cable) or | | ssuer Owner (specify |
|--|--|-------|---|----------------------------|------|--|-----|-------|-------------------------------------|--------|---|---|---|----------------------------|--|---------------------------------------|---|---|--|
| | (F EPERSON TH AVEN | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2020 | | | | | | | | | ^ b | Officer (give title below) SVP, Global & | | below |) | | | |
| 475 TENTH AVENUE, 5TH FLOOR (Street) NEW YORK NY 10018 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bene Own | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | Repor Transa (Instr. | | tion(s) | | (Instr. 4) | |
| Common | Stock | /2020 | | | | A | | 7,600 | 1) | Α | \$ | 0 | 14,549(2) | | D | | | | |
| Common | Stock | | 1/2020 | | | | F | | 2,718 | 3) | D | \$24 | 1.87 | 37 11,831 ⁽²⁾ | | 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 | | 3A. Deemed Execution Da if any (Month/Day/ | Date, Transact Code (In | | | | | 6. Date E Expiration (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5 | ive do y Si) B O Fo R | . Number of lerivative securities Beneficially owned following Reported fransaction(sinstr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber res | | | | | |

Explanation of Responses:

- 1. The reporting person was granted fully vested restricted stock units in lieu of cash in satisfaction of their annual bonus.
- 2. Number includes 5,512 unvested restricted stock units granted to and held by the reporting person as of the date of this filling.
- 3. Shares withheld in order to cover the reporting person's tax liability incurred in connection with the grant of vested restricted stock units on March 3, 2020.

Remarks:

/s/ Monica L. Greenberg, as attorney-in-fact 03/05/2020

** Signature of Reporting Person Date

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

- * 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.