## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,    | D.C. | 20549 |
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| OMB Number:              | 3235-0362 |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |
| hours per response:      | 1.0       |  |  |  |  |  |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) T Form 2 Holdings Poported

**OWNERSHIP** 

|                                                                                                                                                                       | i ioiuiriga repu | rteu.                                                                                        |                                                             |                                                                                   |                                   |                                                                              |                                                                    |                                                                              |                                                                                                    |                                                 |                                                                      |                                                       |                                                                                                                   |                                                   |                                                                  |                                                                   |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|-------|
| Form 4                                                                                                                                                                | Transactions F   | eported.                                                                                     | File                                                        | ed pursuant to<br>or Section                                                      |                                   |                                                                              |                                                                    |                                                                              | ities Excha<br>ompany Ac                                                                           |                                                 |                                                                      |                                                       |                                                                                                                   |                                                   |                                                                  |                                                                   |       |
| 1. Name and Address of Reporting Person* <u>LOCASCIO ROBERT P</u>                                                                                                     |                  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol LIVEPERSON INC [ LPSN ]                   |                                                             |                                                                                   |                                   |                                                                              |                                                                    |                                                                              | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner |                                                 |                                                                      |                                                       |                                                                                                                   |                                                   |                                                                  |                                                                   |       |
| (Last) (First) (Middle) C/O LIVEPERSON, INC. 462 SEVENTH AVENUE, 3RD FLOOR                                                                                            |                  |                                                                                              |                                                             | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007           |                                   |                                                                              |                                                                    |                                                                              |                                                                                                    | Year)                                           | X Officer (give title Other (specify below)  Chief Executive Officer |                                                       |                                                                                                                   |                                                   |                                                                  |                                                                   |       |
| (Street)  NEW YC  (City)                                                                                                                                              | ORK NY           |                                                                                              | 0018<br>Zip)                                                | 4. If Amen 02/13/20                                                               |                                   | , Date o                                                                     | of Orig                                                            | inal File                                                                    | ed (Month/E                                                                                        | ay/Year                                         |                                                                      | ine)<br>X<br>I                                        | orm                                                                                                               | r Joint/Gro<br>n filed by O<br>n filed by M<br>on | ne Re                                                            | porting P                                                         | erson |
|                                                                                                                                                                       |                  | Tabl                                                                                         | e I - Non-Deriv                                             | ative Sec                                                                         | uritie                            | es Ac                                                                        | quire                                                              | ed, Di                                                                       | sposed                                                                                             | of, or                                          | Benefici                                                             | ally O                                                | vne                                                                                                               | ed                                                |                                                                  |                                                                   |       |
| 1. Title of Security (Instr. 3)                                                                                                                                       |                  | 2. Transaction<br>Date<br>(Month/Day/Year)                                                   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                                                   | 3.<br>Transaction<br>Code (Instr. |                                                                              | 4. Securities Acquired (A) or Dispos<br>Of (D) (Instr. 3, 4 and 5) |                                                                              |                                                                                                    | or Disposed                                     | Securit<br>Benefic                                                   |                                                       | es<br>ally                                                                                                        | Form                                              | ership<br>n: Direct                                              | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |       |
|                                                                                                                                                                       |                  |                                                                                              |                                                             |                                                                                   |                                   |                                                                              |                                                                    | Amount                                                                       |                                                                                                    | (A) or<br>(D)                                   | Price                                                                | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) |                                                                                                                   | Fiscal                                            | (D) or<br>Indirect (I)<br>(Instr. 4)                             |                                                                   |       |
| Common Stock                                                                                                                                                          |                  | 04/11/2007                                                                                   |                                                             | <b>G</b> <sup>(1)</sup>                                                           |                                   | 1)                                                                           | 20,000                                                             |                                                                              | D                                                                                                  | \$0                                             | 4                                                                    | 4,856,963                                             |                                                                                                                   | D                                                 |                                                                  |                                                                   |       |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) Price of Derivative Security |                  | ble II - Derivat<br>(e.g., pi<br>3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                             | ts, calls, warr  4. Transaction Code (Instr. 8)  5. Nu of Deriv Acqu (A) or Dispo |                                   | rants, option umber vative urities uired or oosed option (Nontonion) r. 3, 4 |                                                                    | , Disposed of, ions, convertil at Exercisable and ration Date atth/Day/Year) |                                                                                                    | e and into of ities rlying ative rity (Instr. 3 |                                                                      | of<br>ive                                             | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | ly                                                | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | Benef<br>Owne<br>t (Instr.                                        |       |
|                                                                                                                                                                       |                  |                                                                                              |                                                             | (A)                                                                               | (D)                               | Date<br>Exerc                                                                | cisable                                                            | Expiration<br>Date                                                           | Title                                                                                              | or<br>Number<br>of<br>Shares                    |                                                                      |                                                       |                                                                                                                   |                                                   |                                                                  |                                                                   |       |

## **Explanation of Responses:**

1. This amendment is being filed to report a gift of 20,000 shares, which was inadvertently ommitted from Mr. LoCascio's original Form 5 filing. The amount of securities beneficially owned at the end of the fiscal year, reported in column 5, has been adjusted to reflect this transaction.

/s/ Monica L. Greenberg,

attorney-in-fact

04/02/2008

\*\* 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.