FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	ľ
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	II

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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* Murphy Daniel Richard						2. Issuer Name and Ticker or Trading Symbol LIVEPERSON INC [LPSN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>wurpny</u>	<u>Daniei</u>	<u>кіспаги</u>			1	ELIZIBOTI IIIO [ELOII]										Direc	ctor		10% C	wner	
(Last) (First) (Middle)						2. Data of Farliagt Transaction (Month/Day/Year)											officer (give title elow)		Other (specify below)		
(Last)	,		3. Date of Earliest Transaction (Month/Day/Year) 06/16/2016											Chief Fina	ncial (Officer					
C/O LIVEPERSON, INC.,						00/10/2010															
475 TENTH AVENUE, 5TH FLOOR																					
121.11111, 21.02, 011112001.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)									Ü		`	,	,		ine)		·		, ,		
(Street) NEW YO	ORK N	V	10018												X	Form	n filed by One	e Repo	orting Pers	on	
NEW YC	JKK IN	1 .	10010													Form	n filed by Mo	re than	One Rep	orting	
-																Pers	on				
(City)	(S	tate)	(Zip)																		
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec n/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.					nd S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									v	Amount		(A) or (D)	Price	. т	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/16/						6/2016					9,243((1)	D \$6		.75 96,607		6,607		D		
		Ta	able II - [y Ow	ned					
			(e.g., pu	uts, c	ans	s, warr	anıs,	option	S, C	onvertib	ne s	securi	ies)							
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derival Securit (Instr. §		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisa		Expiration	Title	or Nur of	ount nber							

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy the tax withholding obligation of the Reporting Person in connection with the vesting of certain restricted stock units on June 16, 2016. These shares were not sold by the Reporting Person, but were instead offset from the total number of vested shares received by the Reporting Person from the Issuer.

Remarks:

/s/ Monica L. Greenberg, as attorney-in-fact 06/20/2016

** 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.