FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	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

1. Name and Address of Reporting Person*  ELLIS GEORGE H						2. Issuer Name <b>and</b> Ticker or Trading Symbol  LIQUIDITY SERVICES INC [ LQDT ]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)      Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LLLIO											X	_			10% Ow						
(Last)	ast) (First) (Middle) /O LIQUIDITY SERVICES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2011									Officer (give title Other (specify below) below)					
1920 L S	STREET, N	.W., 6TH FLOO		4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
		-   - ' '	4. II Amendinent, Date of Original Filed (Month/Day/feat)										Line)								
(Street)	NGTON D	ıC.	20036												X		•	•	orting Person		
, WASIIII	NGION D				_											Form fi Persor		e than	One Report	ting	
(City)	(S	State)	(Zip)																		
		Tak	le I - Non	ı-Deriv	/ativ	e Se	curities	s Ac	quir	red, C	Disp	osed o	f, or B	enef	icially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							Execution if any	2A. Deemed Execution Date, f any Month/Day/Year		Code (Inst		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s illy ollowing	Form (D) or	: Direct c r Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership		
									С	Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common	Stock												2,523			D					
			Table II - I									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, T	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exerc	Date Exercisable		xpiration ate	Title	or Nu of	mber ares						
Employee Stock Option	\$14.3	02/01/2011			A		15,012			(1)	02	2/01/2021	Commo Stock	n 15	5,012	\$0	15,012	2	D		
Restricted Stock Grant	\$14.3	02/01/2011			A		2,517			(2)	02	2/01/2021	Commo Stock	<sup>1</sup> 2,	,517	\$0	2,517		D		
Employee Stock	\$11.21									(3)	02	2/01/2020	Commo	n 13	3,959		13,959	)	D		

## **Explanation of Responses:**

- 1. These options have a one-year vesting period such that 100% of this option grant will vest on February 1, 2012.
- $2.\ These\ restricted\ shares\ have\ a\ one-year\ vesting\ period\ such\ that\ 100\%\ of\ this\ restricted\ share\ grant\ will\ vest\ on\ February\ 1,\ 2012.$
- 3. These options became fully vested on February 1, 2011.

/s/ James E. Williams, by power of attorney

02/03/2011

\*\* Signature of Reporting Person

Data

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

- \* 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.