FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL				
l	OMB Number:	3235-0287				
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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* PERDUE DAVID A					2. Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PERDU		LIQUIDIT I DERIVICED IIIO [EQDI]										Oirecto	or		10% Ov	wner				
(Last) (First) (Middle) C/O LIQUIDITY SERVICES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2012									Officer below)	(give title		Other (s below)	specify	
1920 L S		If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street) WASHINGTON DC 20036															Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tab	le I - Non-	Deriva	tive	Sec	curitie	s A	cquired,	Dis	posed o	of, or E	Benef	iciall	y Owned	k				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Day/Year) if		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ins			ities Acquired (A) d Of (D) (Instr. 3, 4			Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common										10	10,783		D							
		1	Γable II - D (ε						quired, C s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Day if any (Month/Day/	ate, Tra	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	ode '	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	nount mber ares						
Employee Stock Option	\$42.31	02/17/2012		1	A		5,328		(1)	0:	2/01/2022	Commo Stock	^{on} 5,	328	\$0	5,328		D		
Restricted Stock Grant	\$42.31	02/17/2012		1	A		851		(2)	0	2/01/2022	Commo		351	\$0	851		D		
Restricted Stock Grant	\$42.31	02/17/2012		1	A		709		(3)	0	2/01/2022	Commo Stock		'09	\$0	709		D		
Employee Stock Option	\$14.3								(4)	0	2/01/2021	Commo		,012		15,012	!	D		
Employee Stock	\$10.7								(5)	0.	2/01/2020	Commo	n 18	612		18 612		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, 2013.
- $2. \ These \ restricted \ shares \ have \ a \ one-year \ vesting \ period \ such \ that \ 100\% \ of \ this \ restricted \ share \ grant \ will \ vest \ on \ February \ 1, \ 2013.$
- $3. \ These \ restricted \ shares \ have \ a \ one-year \ vesting \ period \ such \ that \ 100\% \ of \ this \ restricted \ share \ grant \ will \ vest \ on \ February \ 1, \ 2013.$
- 4. These options became fully vested on February 1, 2012.
- 5. These options became fully vested on February 1, 2011.

/s/ James E. Williams, by 02/22/2012 <u>power of attorney</u>

** 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.