FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

1. Name and Address of Reporting Person* <u>Angrick William P III</u>						2. Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
	UIDITY SI	(First) (Middle) SERVICES, INC. N.W., 6TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2007									X Officer (give title Other (specify below) Chairman of the Board and CEO					
(Street) WASHINGTON DC 20036					- 4. -	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					
(City) (State) (Zip)						Person														
			ble I - No						-	d, Di	-				ly Owned			1-		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution			, Tran Cod	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount Securities Beneficial Owned Fo Reported	ly	6. Own Form: (D) or I (I) (Inst	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership		
									Cod	e V	Amount		(A) or (D)	Price	Transactio				Instr. 4)	
Common Stock														7,996	,375		I I	By the William P. Angrick III Revocable Trust		
Common Stock															303,	303,845		I S	By the Stephanie S. Angrick Revocable Frust ⁽¹⁾	
Common Stock															99,3	67		I (C)	By The Stephanie S. Angrick 2005 Qualified Grantor Retained Annuity Frust ⁽¹⁾	
			Table II -												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 I if any (Month/Day	d Date,	4. Transaction					Exercision Dat	sable and	ble and 7. Titl of Sec r) Under		Amount es	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares						
Employee Stock Option	\$12.02	12/04/2007			A		84,000		(2)		10/01/2017		nmon ock	84,000	\$0	84,000		D		
Employee Stock Option	\$17.63			\Box					(3)		09/21/2016		nmon ock	100,000		100,000		D		
Employee Stock Option	\$7								(4)		12/21/2015		nmon ock	75,000		75,0	000	D		
	n of Bosnon																			

Explanation of Responses

- 1. These shares are held in a trust for the benefit of the reporting person's spouse, who is also the trustee of this trust. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- 2. Twenty-five percent of this option grant will vest on October 1, 2008, and thereafter 1/48th of the option grant will vest each month for thirty-six months.
- 3. Twenty-five percent of this option grant vested on September 21, 2007, and thereafter 1/48th of the option grant will vest each month for thirty-six months.

4. This option became fully vested on April 19, 2006.

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

** 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.