FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| (I | AND | EXCHANGE | COMMISSION |
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| | | | |

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

| | Check this box if no longer subject |
|--|-------------------------------------|
| | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1/h) |

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* KOLODZIESKI EDWARD | | | | | 2. Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT] | | | | | | | | | k all applic | cable) or | g Pers | son(s) to Iss | vner | |
|--|---|--|---|--|---|---|------|-----------------|--|---------|------------------|--|--|---|--|--|---------------|--|---------------------------------------|
| (Last) (First) (Middle) 6931 ARLINGTON ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | | | | | | | | | Officer (give title Other (specify below) below) | | | | |
| SUITE 460 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BETHESDA MD 20814 | | | | | | | | | | | | | | ine) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | Code (Instr. 5) | | | 4 and Securiti | | ies Form cially (D) Following (I) (I | | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) c (D) | Pri | се | Transac | saction(s) r. 3 and 4) | | | (IIISti. 4) |
| Common Stock 12/31/2 | | | | | /2024 | | S | | 2,00 | 2,000 D | | 32.9 | 15 | 15,229 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | ity D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | Amou or Numb of Share | per | | | | | |
| Restricted Stock Grant | (1) | | | | | | | | (2) | 03 | 3/11/2025 | Common Stock | 9,30 | 06 | | 9,306 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit is the economic equivalent of one share of Liquidity Services, Inc. Common Stock.
- 2. These restricted stock units will vest on the first anniversary on the grant date (i.e., March 11, 2025).

/s/ Mark A. Shaffer, by power

01/02/2025

** 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.