FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATE	/ENT	OF	CHAI
O .,		٠.	O,

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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 * CLOUGH PHILLIP A					2. Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 400 EAST PRATT STREET, SUITE 910				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2015									Officer below)	(give title		Other (s below)	specify		
(Street) BALTIMORE MD 21202-3110			6	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	state)	(Zip)	p)			Person												
		Tak	ole I - Non	-Deriv	ative	Se	curities	s Ac	quired,	Disp	osed o	f, or Be	enefi	cially	Owned				
Dat			2. Trans Date (Month/I	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) o		4 and Securitie Benefici		s ally ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		rice	Transaction(s) (Instr. 3 and 4)				
Common Stock													24,	24,173		D			
			Table II - I (uired, Di						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 Dat if any (Month/Day/Ye	Date,	4. Transaction Code (Instr. 8)		າ of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (C s F llly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Sha						
Employee Stock Option	\$11.66								(1)	0	6/03/2018	Commor Stock	15,	082		15,082	2	D	
Employee Stock Option	\$42.31								(2)	0	2/01/2022	Commor Stock	5,3	328		5,328		D	
Employee Stock Option	\$40.11								(3)	0	2/01/2023	Commor Stock	5,9)54		5,954		D	
Employee Stock Option	\$21.53								(4)	0	2/01/2024	Commor Stock	13,	144		13,144	4	D	
Employee Stock Option	\$9.84	03/04/2015			A		19,050		(5)	0	2/01/2025	Commor Stock	19,	050	\$0	19,050	0	D	
Restricted Stock	\$9.84	03/04/2015			A		3,862		(6)	0	2/01/2025	Commor Stock	3,8	862	\$0	3,862	!	D	

Explanation of Responses:

- 1. These options became fully vested on April 29, 2009.
- 2. These options became fully vested on February 1, 2013.
- 3. These options became fully vested on February 1, 2014.
- 4. These options became fully vested on February 1, 2015.
- 5. These options have a one-year vesting period such that 100% of this option grant will vest on February 1, 2016.
- 6. These restricted shares have a one-year vesting period such that 100% of this restricted share grant will vest on February 1, 2016.

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

03/31/2015

** 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.