Edgar Filing: LIVEPERSON INC - Form 4

LIVEPERSO	ON INC											
Form 4												
June 18, 201	.5											
FORM	14								OMB AF	PROVAL		
	UNITE	D STATE:			ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287		
Check this box										January 31,		
subject to	if no longer subject to STATEMENT OF CHAN					GES IN BENEFICIAL OWNERSHIP				2005 Verage		
Section 1		S. SECURITIES							Estimated average burden hours per			
Form 4 c									response 0.			
Form 5 obligatio							•	e Act of 1934,				
may cont				•		•		1935 or Section	n			
See Instr		30(h)) of the In	vestment	Company	Act of	of 194	0				
1(b).												
(Print or Type l	Responses)											
	Address of Reportir	ng Person [*]	2. Issuer	r Name and	Ticker or T	rading		5. Relationship of Reporting Person(s) to				
Murphy Da	niel Richard		Symbol	^{bol} EPERSON INC [LPSN]				Issuer				
			LIVEPH					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Chee	k an appneable)		
(Month/D				onth/Day/Year)			Director 10% Owner					
C/O LIVEPERSON, INC.,, 475 06/16/2				5/2015				XOfficer (give titleOther (specify below) below)				
TENTH AVENUE, 5TH FLOOR								Chief Financial Officer				
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check		
				onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
				·····				_X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10018							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)										
(()))	. ,	-		e I - Non-L	Derivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D			3. T	4. Securitie	-		5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea				on(A) or Disp (Instr 3 4				Form: Direct (D) or	Beneficial		
				Code (Instr. 3, 4 and 5) //Year) (Instr. 8)				Owned	Indirect (I)			
		× ·	· · ·	. ,				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
G				Code V	Amount	(D)	Price	(mou. 5 and +)				
Common Stock	06/16/2015			А	100,000 (1)	А	\$0	105,850	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
, of the second s	Director	10% Owner	Officer	Other				
Murphy Daniel Richard C/O LIVEPERSON, INC., 475 TENTH AVENUE, 5TH FLOOR NEW YORK, NY 10018			Chief Financial Officer					
Signatures								
/s/ Monica L. Greenberg, attorney-in-fact	06	5/18/2015						
**Signature of Reporting Person		Date						
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Explanation of Responses:

* 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).

The reporting person was granted restricted stock units, each of which represents a contingent right to receive one share of common stock.
 (1) The restricted stock units vest as follows: 25% of the units vest on June 16, 2016 and 6.25% of the units vest each quarter thereafter, subject to the reporting person's employment through each such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.