FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES 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* Mateus-Tique Jaime (Last) (First) (Middle) C/O LIQUIDITY SERVICES, INC.						Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT] 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2008									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) below) President and Chief Op Officer						
(Street) WASHIN	WASHINGTON DC 20036			- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																					
1. Title of Security (Instr. 3) 2. Tra				2. Transac	Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			5. Amount of Securities Beneficially Owned Follow		of y	Form: D (D) or In		7. Nature of Indirect Beneficial Ownership		
						ľ			Code	v	Amount	(A) or (D)	Price	Trai	oorted nsactio str. 3 an				(Instr. 4	4)	
Common Stock				09/30/				S ⁽¹⁾		8,000	D	\$10.2	0.24 2,555,25		255	D			\neg		
Common Stock 10/01/2				2008				S ⁽¹⁾		8,000	D	\$10.3	.14 2,547,255		D						
Common Stock 10/02/				2008				S ⁽¹⁾		100	D	\$10	2,547,15		155	D					
Common Stock															119,0	000			By the Em El 2007 Irrevocable Trust		
Common Stock															470,531		I		By the Jaime Mateus- Tique 2005 Qualified Grantor Retained Annuity Trust		
Common Stock														35,000		I		By the Mateus- Tique Foundation			
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) We 3. Transaction Date Execution Date, if any (Month/Day/Year)		med on Date,	4. Transa Code (I 8)	ction	5. Number			xerci	sable and te			nt 8. Pr Deriv		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		L. Nature f Indirect eneficial wnership nstr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amour or Number of Shares	ber							
Employee Stock Option	\$12.02								(2)		10/01/2017	Common Stock	76,00	0		76,0	76,000				
Employee Stock Option	\$17.63			$\neg \uparrow$					(3)		09/21/2016	Common Stock				75,0	000	00 D			
Employee Stock Option	\$7				\top			(4)		12/21/2015	Common Stock	60,00	00 6		60,0	000	D				

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 12,2006.
- 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

10/02/2008

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.