FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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wasiiiigioti, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

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* Angrick William P III						2. Issuer Name and Ticker or Trading Symbol LIQUIDITY SERVICES INC [LQDT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
•	UIDITY SI	rst) ERVICES, INC. W., 6TH FLOO	(Middle)		03	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2007								X Officer (give title Other (specify below) Chairman of the Board and CEO						
(Street) WASHIN	IGTON D	С	20036		_ 4.	4. If Amendment, Date of				Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on	
(City)	(S	tate)	(Zip)												Person					
			le I - No			_				, Dis	-	of, or Be					I			
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Pric	е	Transaction(s) (Instr. 3 and 4)				(11301.4)		
Common	Stock					I									7,593	3,163		D		
Common	mon Stock		03/19/2007		7			S		10,55	6 D	\$17	7.055	489,444		I		By The William P. Angrick, III 2005 Qualified Grantor Retained Annuity Trust		
Common Stock		03/19	7			S		10,55	5 D	\$17.05		55 489,445		I		By The Stephanie S. Angrick 2005 Qualified Grantor Retained Annuity Trust ⁽¹⁾				
		-	Γable ΙΙ ·									f, or Ber			Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	ection	5. Number 6.		6. Date Ex Expiration (Month/Da	ercisa Date	able and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		nt	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Owners Form: Direct (or Indir	Ownership	Beneficial Ownership (Instr. 4)	
Employee					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amour or Number of Sha	er						
Stock Option	\$17.63								(2)	0	9/21/2016	Common Stock			100		00,000 D			
Employee Stock Option	\$7								(3)	1	2/21/2015	Common Stock	75,0	00		75,00	00	D		

- 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 9/21/2007, and thereafter 1/48th of the option grant will vest each month for thirty-six months.
- 3. This option became fully vested on April 19, 2006.

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

03/19/2007

** 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.