FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KILIEO	AND EXCHANGE COMMISSIC
\	D 0 00540

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee msuucuon	10.																		
Name and Address of Reporting Person* Ford Jeffrey						2. Issuer Name and Ticker or Trading Symbol LIVEPERSON INC [LPSN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
											-				Direc		10	% Ow	ner	
					_										Office below	er (give title		her (s low)	pecify	
(Last)	(F	irst) (I	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)								Chief Accounting Officer						
C/O LIVEPERSON					10/2	10/21/2024										1101 110000	anting OII			
530 7TH AVE, FLOOR M1																				
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)		r o	ъ	_		
NEW YO	ORK N	Y 1	0018											V	Form filed by One Reporting Person Form filed by More than One Reporting					
															Perso		re than One	керо	rting	
(City)	(S	tate) (2	<u>Z</u> ip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	3ene	ficial	ly Own	ed				
1. Title of	Security (In:	str. 3)		2. Transac	tion	2A. D	eemed		3.		4. Securities	s Acqu	iired (A	A) or	5. Amo	ount of	6. Ownersh		7. Nature	
Date (Month/Day.				y/Year)	if any	ution Date, / th/Day/Year)				Disposed Of (D) (Instr. 3, 5)		, 4 and		cially I Following	Form: Dire (D) or Indir (I) (Instr. 4)	ect E	of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or F	Price		ted action(s) 3 and 4)		1	(Instr. 4)		
Common Stock 10/21/20						2024					21,935(1)	I	D \$1		378,707(2)		D			
		Tal	ole II -	Derivat	ive Se	curit	ties A	\cqu	ired,	Disp	osed of,	or Be	enefi	cially	Owne	d				
				(e.g., pu	ıts, ca	alls, v	warra	ınts,	optio	ns, c	onvertib	le se	curit	ties)						
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Exec ity or Exercise (Month/Day/Year) if any		if any	tion Date, Tran		ansaction ode (Instr. S		osed) : 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Di Se (Ii	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. Shares sold automatically by the issuer in order to cover the reporting person's tax liability incurred in connection with the vesting of the reporting person's restricted stock units on October 18, 2024.
- 2. Number reported includes 340,482 unvested restricted stock units granted to and held by the reporting person following the reported transaction.

Remarks:

/s/ Monica L. Greenberg, Attorney-in-Fact for Jeffrey

10/22/2024

Ford

** 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.