# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*   2. Issuer Name and Ticker or Trading Symbol   5. Relationship of Reporting Person(s) to Issuer     Cu Ernest L.   (LivePerson Inc)   1. UVEPerson Inc)   5. Relationship of Reporting Person(s) to Issuer     (Last)   (First)   (Middle)   0. Date of Earliest Transaction (Month/Day/Year)   5. Relationship of Reporting Person(s) to Issuer     C/O LIVEPERSON INC.,   3. Date of Earliest Transaction (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable Line)     (Street)   NEW YORK   NY   10018     (City)   (State)   (Zip)			Table L - Non-De	rivative Securities Acquired. Disposed of, or Ben	eficially Owned					
Cu Ernest L.   LIVEPERSON INC [ LPSN ]   (Check all applicable)   X   Director   10% Owner     (Last)   (First)   (Middle)   3. Date of Earliest Transaction (Month/Day/Year)   Officer (give title Other (specify below)   Other (specify below)     C/O LIVEPERSON INC.,   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable Line)     (Street)   NEW YORK   NY   10018	(City)	(State)	(Zip)							
Cu Ernest L.   LIVEPERSON INC [ LPSN ]   (Check all applicable)     (Last)   (First)   (Middle)     C/O LIVEPERSON INC.,   3. Date of Earliest Transaction (Month/Day/Year)   Officer (give title Other (specify below)     475 10TH AVENUE, 5TH FLOOR   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable Line)	NEW YORK	EW YORK NY 10018								
Cu Ernest L.   LIVEPERSON INC [LPSN]   (Check all applicable)     (Last)   (First)   (Middle)     C/O LIVEPERSON INC.,   3. Date of Earliest Transaction (Month/Day/Year)   Officer (give title Other (specify below)     475 10TH AVENUE, 5TH FLOOR   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicable)	(Street)	Street)			,					
Cu Ernest L.   LIVEPERSON INC [ LPSN ]   (Check all applicable)   X   Director     (Last)   (First)   (Middle)   3. Date of Earliest Transaction (Month/Day/Year)   Officer (give title below)   Other (specify below)     C/O LIVEPERSON INC.,   08/04/2022   08/04/2022   08/04/2022   08/04/2022	475 10TH AVENUE, 5TH FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)	1 81 11					
Cu Ernest L. LIVEPERSON INC [ LPSN ] (Check all applicable) X Director   (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below)		· · · · · · · · · · · · · · · · · · ·								
Cu Ernest L.   LIVEPERSON INC [ LPSN ]   (Check all applicable)     X Director   10% Owner     Officer (give title   Other (specify		· · ·	(	08/04/2022						
Cu Ernest I (Check all applicable)	(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)						
1 Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer				LIVEPERSON INC [ LPSN ]						
	1 Name and Add	ress of Reportin	a Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer					

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities / Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	08/04/2022		A		13,124 <sup>(1)</sup>	Α	\$ <mark>0</mark>	15,274 <sup>(2)</sup>	D	

	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### Explanation of Responses:

1. The reporting person was granted an award of restricted stock units under the terms of the LivePerson, Inc. 2019 Stock Incentive Plan consisting of a grant of 13,124 restricted stock units (the "RSUs"), each of which represents a contingent right to receive one share of common stock. The restricted stock units will vest on August 4, 2023.

2. Number reported includes 13,124 unvested restricted stock units granted to and held by the reporting person following the reported transaction.

#### Remarks:

/s/ Monica L. Greenberg,

09/22/2022 Attorney-in-Fact for Ernest L. <u>Cu</u>

\*\* 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.