

LIQUIDITY SERVICES INC

Form SC 13G/A

February 13, 2015

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

SCHEDULE 13G

(Amendment No. )\*

Liquidity Services, Inc.  
(Name of Issuer)

Common Stock  
(Title of Class of Securities)

53635B107  
(Cusip Number)

December 31, 2014  
(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1(b)
- Rule 13d-1(c)
- Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

1. NAME OF REPORTING PERSON  
S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON:

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NewSouth Capital Management, Inc.  
Tax ID #: 62-1237220

2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\* (a) [ ]  
(b) [ ]

3. SEC USE ONLY

4. CITIZENSHIP OR PLACE OF ORGANIZATION  
Tennessee

NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING  
PERSON WITH:

5. SOLE VOTING POWER  
0

6. SHARED VOTING POWER  
0

7. SOLE DISPOSITIVE POWER

8. SHARED DISPOSITIVE POWER  
0

9. AGGREGATE AMOUNT BENEFICALLY OWNED BY EACH REPORTING  
PERSON  
0

10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES  
CERTAIN SHARES  
N/A

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  
0.0%

12. TYPE OF REPORTING PERSON\*  
I/A

Item 1. (a) Name of Issuer:

Liquidity Services, Inc.

Item 1. (b) Address of Issuer's Principal Executive  
Offices:

1920 L Street, N.W. 6th Floor

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Washington, D.C. 20036

Item 2. (a) Name of Person Filing:

NewSouth Capital Management, Inc.

Item 2. (b) Address of Principal Business Office:

999 S. Shady Grove Rd. Suite 501  
Memphis, TN 38120

Item 2. (c) Citizenship:

USA

Item 2. (d) Title of Class of Securities:

Common Stock

Item 2. (e) CUSIP Number:

53635B107

Item 3. (e) /x/ Investment Adviser registered under Section  
203 of the Investment Advisers Act of 1940

Item 4. Ownership:

(a) Amount Beneficially Owned:

0

(b) Percent of Class:

0.0%

(c) Number of Shares as to which such person has:

(i) Sole Power to vote or to direct the  
vote: 0

(ii) Shared Power to vote or to direct the  
vote: 0

(iii) Sole Power to dispose or to direct the  
disposition of: 0

(iv) Shared Power to dispose or to direct  
the disposition of: 0

Item 5. Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as  
of the date hereof the reporting person has ceased to be the  
beneficial owner of more than five percent of the class  
of securities, check the following: [X].

Item 6. Ownership of More than Five Percent on Behalf of  
Another Person:

Item 7. Identification and Classification of the

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Subsidiary Which Acquired the Security Being Reported on By  
the Parent Holding Company: N/A

Item 8. Identification and Classification of Members of  
the Group: N/A

Item 9. Notice of Dissolution of Group: N/A

Item 10. Certification:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: 02/12/2015 as of 12/31/2014

Signature: \_\_\_\_\_

Name: David M. Newman  
Title: Vice President