FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to or Form 5 obligations may continue. See Instruction 1(b).

Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Typ	e Response	es)																	
Name and Address of Reporting 2. Issuer Name and					nd T	d Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer									
Person - Symbol Huber Joe LIVEDEAL INC [I				I IVF1					(Check all applicable)										
				Earliest Transaction y/Year)						Director X 10% Owner Officer (give title below) Other (specify below)				_					
(Street) 4. If Amendment, D				ate Original					6. Individual or Joint/Group Filing(Check										
				Filed(Month/Day/Year)						-	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				1				
(City) (State) (Zip) Table I - Non-Der					eriva					acquired, Disposed of, or Beneficially									
(Instr. 3) (Month/Day/Year) any		emed 3. Ion Date, if Transa Code (Day/Year) (Instr. i		Dispose			d (A) or		5. Amount of Securities Beneficially Owned Following	Fo Di	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indired Beneficia Ownersh (Instr. 4)	et al					
					Code	٧	Amoun	(A oi t (D	r	rice	Reported Transaction(s (Instr. 3 and 4	(l) s) (In			(,				
Common Stock	12/12/2	2008			Р		300	Α	\$ 1.	.26	1,655,893	D							
Common Stock	12/15/2	2008			Р		2,600	Α	\$ 1.	.72	1,658,493	D							
Common Stock	12/15/2	2008			Р		108	Α	\$ 1.	.74	1,658,601	D							
Common Stock	12/15/2	2008			Р		3,600	Α	\$ 1.	.75	1,662,201	D	<u>(1)</u>						
Reminder: I beneficially	Report on a			each class	of securit	ies		Γ								7			
beneficially			•			in re cu	formati quired ırrently	on c to re vali	onta espo id O	aine ond MB	d to the colle d in this form unless the fo control numb	are no rm dis per.	ot	s a	SEC 14 (9-0				
		. (6	e <i>.g.</i> , puts	, calls, wa	rrants, o	ptio		vert	tible							ı	1		
Derivative (Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year		3A. Deemed Execution Date, if 7) any (Month/Day/Year) (de	n Nu of De Se Ac (A Di of (Ir	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				ate Amor Unde Secu (Instr 4)		tle and unt of erlying urities r. 3 and	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Co	ode V	, (,	A)	(D)	Date Exercisable	Expira Date	ition	Title	Amount or Number of Shares				

Reporting Owners

Barrantina Oroman Nama / Addus a	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Huber Joe 10940 WILSHIRE BLVD., SUITE 925 LOS ANGELES, CA 90024		Х					

Signatures

Joseph R. Huber	12/10/2008
-Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

The Reporting Person also indirectly owns 35,774 shares, of which 4,700 shares are beneficially owned by the Reporting

Person as the custodian of a custodial account for the benefit of his child; 5,561 shares are owned by the Reporting Person's spouse; and 25,513 shares are beneficially owned by the Reporting Person as the portfolio manager of an investment company for which the Reporting Person's employer serves as the investment adviser.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.