## FORM 3

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

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPRO	VAL
OMB	3235-
Number:	0104
Estimated averag	ge
burden hours pe	r
response	0.5

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

**SECURITIES** 

(Print or Type Responses)									
1. Name and Address of Reporting Person * Sickmeyer Tyler	2. Date of E Statement (Month/Day -08/11/2014	/Year)	•	_	3. Issuer Name and Ticker or Trading Symbol LIVEDEAL INC [LIVE]				
(Last) (First) (Middle) 1440 HOTEL CIRCLE NORTH, #423,	00/11/2019	•		Person(s) to 1	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) SAN DIEGO, CA 92108					Officer (give Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Tal	ble I	- Non-Derivati	ve Securiti	es Ben	eficially	Owned	
1.Title of Security (Instr. 4)			t of Securities ly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	rm: Direct (Instr. 5) or lirect (I)				
Reminder: Report on a separate line for ear Persons who res required to response number.  Table II - Derivative Security	pond to the ond unless t	colle he foi	ction rm di	of information splays a curre	contained ir	this fo	itrol		
1. Title of Derivative Security 2. I (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amou		4. Conversion or Exercise Price of	5. On Ow e For	nership m of rivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Dai Exe	e Expirercisable Date	ration	Title	Amount or Numb of Shares	Derivative Security	Dire or I (I)	Security: Direct (D) or Indirect (I) (Instr. 5)		

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Tvaine / Address	Director	10% Owner	Officer	Other	
Sickmeyer Tyler					
1440 HOTEL CIRCLE NORTH, #423,	X				
SAN DIEGO, CA 92108					

### **Signatures**

/s/ Tyler Sickmeyer	09/10/2014			
**Signature of Reporting Person	Date			

#### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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.