| Rapino Michael | | | | | | | | | | |
|--|----------------------------------|---|---|-------------|--|--|---|------------------|---------------------|--|
| Form 4 | | | | | | | | | | |
| December 01, 20 | | | | | | | | | | |
| FORM 4 | LINUTED C | TATES SECU | DITIES A | ND EV(| TT A 1 | NCE | COMMERION | OMB APPROVAL | | |
| | UNITEDS | | SECURITIES AND EXCHANGE (Washington, D.C. 20549 | | | | LOMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer | | | | | | | | Expires: | January 31, 2005 | |
| subject to | ENT OF CHA | F CHANGES IN BENEFICIAL OW SECURITIES | | | | NERSHIP OF | Estimated a | | | |
| Section 16. Form 4 or | | | | | | burden hours per | | | | |
| Form 5 | Filed pure | uant to Section | 16(a) of the | - Securiti | ies Fr | vchano | The Act of $103/$ | response 0.5 | | |
| obligations | - | | | | | - | f 1935 or Section | n | | |
| may continue. <i>See</i> Instruction 1(b). | | 30(h) of the l | • | • | - · | | | | | |
| (Print or Type Respo | nses) | | | | | | | | | |
| 1. Name and Addres Rapino Michael | erson <u>*</u> 2. Issu Symbol | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| * 5 | | | Live Nation, Inc. [LYV] | | | | (Chash all anglischis) | | | |
| | | | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | |
| () () () () Duite | | | onth/Day/Year) | | | | _X_ Director10% Owner | | | |
| C/O LIVE NAT | /26/2008 | | | | XOfficer (give titleOther (specify below) below) | | | | | |
| CIVIC CENTER | R DRIVE | | | | | | · · · · · · · · · · · · · · · · · · · | sident & CEO | | |
| | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | | | | Applicable Line) | | | |
| _X_ Form filed by (| | | | | | one Reporting Person fore than One Reporting | | | | |
| BEVERLY HIL | LS, CA 90210 |) | | | | | Person | | porting | |
| (City) | (State) (Z | Zip) Ta | ble I - Non-D | erivative S | Securi | ties Acc | quired, Disposed of | f, or Beneficial | ly Owned | |
| | Fransaction Date | | 1 | | | | Securities | 6. Ownership | | |
| Security (Mo (Instr. 3) | onth/Day/Year) | Execution Date, i any | | | | | | | Beneficial | |
| · · · · | (Month/Day/Year | | | | | Owned | | Ownership | | |
| | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | (A) | | Transaction(s) | | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common 11/ Stock 11/ | /26/2008 | | Р | 3,350 | A | \$ 4.39 | 648,728 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Rapino Michael - Form 4

| 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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Rapino Michael C/O LIVE NATION, INC. 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210 | Х | | President & CEO | | | | |
| Signatures | | | | | | | |
| Kathy Willard, Attorney-in-Fact for Michael Rapino | | | 12/01/2008 | | | | |
| <u>**</u> Signature of Reporting Per | | Date | | | | | |
| Evelopetion of De | | | | | | | |

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. 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.