FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Ad THORNE		ting Person [*]	2. Date of Event Requiring Staten (Month/Day/Year 01/13/2005	nent 1	3. Issuer Name and Ticker or Trading Symbol LIQUIDMETAL TECHNOLOGIES INC [LQMT]						
(Last) (First) (Middle) 25800 COMMERCENTRE DRIVE					Relationship of Reporting Po (Check all applicable) Director	10% Owr	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 100					X Officer (give title below)	Other (sp below)	еспу		dividual or Joint icable Line)	/Group Filing (Check	
(Street)			_		Interim C	EO	ľ		X Form filed by One Reporting Person		
LAKE FOREST	CA	92630							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
			Table I - Non	-Derivati	ve Securities Benefici	ally Owned	i				
1. Title of Secu	ırity (Instr. 4)		Table I - Non	2.	ve Securities Benefici Amount of Securities eneficially Owned (Instr. 4)	3. Owners Form: Direct or Indirect (Instr. 5)	hip ect (D)	4. Nat (Instr.		Beneficial Ownership	
1. Title of Secu	ırity (Instr. 4)		Table II - D	2. Be	Amount of Securities	3. Owners Form: Direct or Indirect (Instr. 5)	hip ect (D) t (I)			Beneficial Ownership	
Title of Secu Title of Deriv	, , ,	(Instr. 4)	Table II - D	2. Berivative S, warrar	Amount of Securities eneficially Owned (Instr. 4) Securities Beneficial	3. Owners Form: Dire or Indirect (Instr. 5) ly Owned ole securities	hip ect (D) t (I)	rsion		Beneficial Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ John Thorne</u> <u>01/13/2005</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).