FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
Estimated average burden						
hours per 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

1. Name and Address of Reporting Person* BIEHL ROBERT			2. Date of Event Requiring Staten (Month/Day/Year 01/01/2005	nent	3. Issuer Name and Ticker or Trading Symbol LIQUIDMETAL TECHNOLOGIES INC [ LQMT ]						
(Last) (First) (Middle) 25800 COMMERCENTRE DRIVE SUITE 100				Relationship of Reporting Pers (Check all applicable)     X Director     Officer (give title)		rson(s) to Issuer  10% Owner  Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) LAKE CA 92630 FOREST		92630			below)		below)		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)									
			Table I - Non	-Derivati	ive Securities Bene	ficially	y Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					24,249		D				
					Securities Benefic nts, options, conve			s)			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secu		rity (Instr. 4) Conve		rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Robert Biehl

01/04/2005

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).