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

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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| Name and Address of Reporting Person * Rapino Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol Live Nation, Inc. [LYV] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-------------|--|-------------------------------|--|--|-------|-----------------|--|--|------------------------------------|------------------|---|---|--|---|---|-----------------------------------|
| (Last) (First) (Middle) C/O LIVE NATION, INC., 9348 CIVIC CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2007 | | | | | | | X_ Director10% Owner X_ Officer (give title below) Other (specify below) President & CEO | | | | | |
| (Street) BEVERLY HILLS, CA 90210 | | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 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-Derivative Securities Acquired, Disposed of, or Beneficially Owner | | | | | | Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution any | | if | | tion | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | (D) Beneficially (Reported Tra | | ally Owned l Transactio | Owned Following ansaction(s) | | 7. Nature of Indirect Beneficial | | |
| | | | (Month/Day/Year) | ar) | Code | V | Amount | (A) or (D) | Prio | | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| Common | Stock | | 08/13/2007 | | | | P | | 440 | A | \$ 22.07 | 723 | 86,500 | | | D | |
| Reminder: I indirectly. | Report on a | separate line | for each class of sec | curities t | beneficial | lly (| | Per cor | sons wh | n this | form | are | not req | uired to re | | ess | EC 1474 (9- 02) |
| 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) | | | | | | | | | | | | | | | | | |
| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day | on 3A. Deemed Execution I any | d Pate, if | Code (Instr. 8) | | 5. Number of | r 6. I and (M | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e 7 te A | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | ve Ownership v: (Instr. 4) D) ect |
| | | | | | Code | V | (A) (D) | Da Ex | te ercisable | Expira Date | ation 7 | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | |

| Describer Occurs Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Rapino Michael C/O LIVE NATION, INC. 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210 | X | | President & CEO | | | | | |

Signatures

| Michael Rapino | 08/14/2007 |
|------------------------|------------|
| Signature of Reporting | 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. 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.

