FORM	4

(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of Reporting Person - Willard Elizabeth Kathleen		2. Issuer Name and Ticker or Trading Symbol Live Nation Entertainment, Inc. [LYV]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) C/O LIVE NATION ENTERTAINM INC., 9348 CIVIC CENTER DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2010					X Officer (give title below) Other (specify below) EVP & Chief Financial Officer				
(Street) BEVERLY HILLS, CA 90210	4	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 Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8) (Instr. 3, 4 and 5) (A) or			isposed of 4 and 5) (A) or	of (D)	Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
Common Stock	06/23/2010		А		15,530	А	(1) (2)	375,892	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 SEC 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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	1 ()		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership			
	Derivative					or Dispos	ed							Security:	(Instr. 4)
	Security					of (D)							0	Direct (D)	
						(Instr. 3, 4	4,							or Indirect	
						and 5)			-				Transaction(s)	< / .	
											Amount		(Instr. 4)	(Instr. 4)	
									Expiration	TITLE	or				
								Exercisable	Date		Number				
				Code	V	(A)	(D)				of Shares				
Stock										C					
Option	\$ 11.01	06/23/2010		А		148.040		<u>(3)</u>	06/23/2020	Common Stock	148 040	(1)	148.040	D	
(buy)						,				Stock	,			_	
(04)															

Reporting Owners

Barrandia - Orman Nama / Addama	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
Willard Elizabeth Kathleen C/O LIVE NATION ENTERTAINMENT, INC. 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210			EVP & Chief Financial Officer					

Signatures

Kathy Willard	06/25/2010
Signature of Reporting Person	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).

(1) Reporting person received the award under the Live Nation, Inc. 2005 Stock Incentive Plan.

(2) Represents a restricted stock award. These shares will vest in four equal annual installments on the first, second, third and fourth anniversaries of the grant date.

(3) Only vested shares may be exercised. These options will vest in four equal annual installments on the first, second, third and fourth anniversaries of the grant date.

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.