

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per response					

INITIAL STATEMENT OF 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

(Print or Type Responses)											
Name and Address of Reporting Person Liberty Interactive Corp	*	Statement (Month 11/03/2016			3. Issuer Name and Ticker or Trading Symbol Liberty Expedia Holdings, Inc. [NONE]						
(Last) (First) (Mid 12300 LIBERTY BOULEVARD	ddle)				Issuer	Reporting Person(s) to		5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street)					Director	Officer (give title Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person		
ENGLEWOOD, CO 80112								Form filed by More than One Reporting Person			
(City) (State) (Z	Zip)			Table	I - Non-Derivat	ive Securities	Benefi	icially O	wned		
1.Title of Security (Instr. 4)			В	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			1,	,000		D					
	respond	l to the c	ollection	of informati	ion contained in t	his form are no	ot requi	red to res	SEC 1473 (7-02 spond		
Persons who unless the for	respond rm displa erivative	I to the cays a cui	rently values Benefician reisable on Date	of informati lid OMB cor lly Owned (e. 3. Title and Securities U Security	ion contained in t	4. Conversion or Exercise Price of	5. Ow Form Deriv	e securitie mership of ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Persons who unless the for Table II - D 1. Title of Derivative Security	respond rm displa erivative s and (Md	I to the cays a curified Securities Date Exert d Expirationth/Day/Ye	s Beneficia rcisable on Date ar)	of informati lid OMB cor Illy Owned (e. 3. Title and Securities U Security (Instr. 4)	ion contained in to introl number. i.g., puts, calls, ward Amount of Underlying Derivativ unt or Number of	4. Conversion or Exercise	5. Ow Form Derive Secur	e securitie mership of ative ity: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Persons who unless the for Table II - D 1. Title of Derivative Security	respond rm displa erivative s and (Md	Securities Date Exert d Expirationth/Day/Yeatte	s Beneficia rcisable on Date ar)	of informati lid OMB cor lly Owned (e. 3. Title and Securities U Security (Instr. 4)	ion contained in to introl number. i.g., puts, calls, ward Amount of Underlying Derivativ unt or Number of	4. Conversion or Exercise Price of Derivative	5. Ow Form Derive Secur (D) or (I)	e securitie mership of ative ity: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - D 1. Title of Derivative Security (Instr. 4) Reporting Owners Reporting Owner Name / Address	respond rm displa erivative: 2. : an (Mo	Securities Date Exert d Expirationth/Day/Yeatte	s Beneficia rcisable on Date ar) Expiration Date	of informati id OMB cor Ily Owned (e. 3. Title and Securities U Security (Instr. 4) Title Amou Share	ion contained in to introl number. i.g., puts, calls, ward Amount of Underlying Derivativ unt or Number of	4. Conversion or Exercise Price of Derivative	5. Ow Form Derive Secur (D) or (I)	e securitie mership of ative ity: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Signatures

Liberty Interactive Corporation By: /s/ Craig Troyer Title: Vice President, Deputy General Counsel and Assistant Secretary		11/03/2016
**Signature of Reporting Person		Date

Explanation of Responses:

- * 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).

Remarks:

The Reporting Person beneficially owns all of the outstanding equity securities of the Issuer.

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.