

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 Address of Reporting Person* <u>LIBERMAN GREGORY R</u> (Last) (First) (Middle) <u>C/O SPARK NETWORKS PLC</u> <u>8383 WILSHIRE BLVD., SUITE 800</u> (Street) <u>BEVERLY HILLS CA 90211</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/15/2005	3. Issuer Name and Ticker or Trading Symbol <u>SPARK NETWORKS PLC [NONE]</u> <table border="0" style="width: 100%;"> <tr> <td colspan="2">4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</td> </tr> <tr> <td>Director</td> <td style="text-align: right;">10% Owner</td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer (give title below)</td> <td style="text-align: right;">Other (specify below)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>COO/General Counsel</u></td> </tr> </table>	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		Director	10% Owner	<input checked="" type="checkbox"/> Officer (give title below)	Other (specify below)	<u>COO/General Counsel</u>	
4. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Director	10% Owner									
<input checked="" type="checkbox"/> Officer (give title below)	Other (specify below)									
<u>COO/General Counsel</u>										
		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person								

Table I - Non-Derivative Securities Beneficially 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)
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)			

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Share Option (right to buy)	(1)	10/25/2009	Ordinary Shares	100,000	6.39 ⁽²⁾	D	
Employee Share Option (right to buy)	(3)	02/03/2012	Ordinary Shares	35,000	8.45 ⁽⁴⁾	D	
Employee Share Option (right to buy)	(5)	08/31/2012	Ordinary Shares	115,000	8.74 ⁽⁶⁾	D	

Explanation of Responses:

1. Share Option granted under the share option scheme on October 25, 2004 and 1/16 of the shares vest quarterly starting 3 months from the date of grant.
2. The exercise price is 5.00 Euros and was converted to U.S. Dollars using the currency exchange rate in effect on the date of the option grant.
3. Share Option granted under the share option scheme on February 3, 2005 and 1/16 of the shares vest quarterly starting 3 months from the date of grant.
4. The exercise price is 6.52 Euros and was converted to U.S. Dollars using the currency exchange rate in effect on the date of the option grant.
5. Share Option granted under the share option scheme on August 31, 2005 and 1/16 of the shares vest quarterly starting 3 months from the date of grant.
6. The exercise price is 7.15 Euros and was converted to U.S. Dollars using the currency exchange rate in effect on the date of the option grant

/s/ Gregory R. Liberman

11/15/2005

** Signature of Reporting Person

Date

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

* 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).

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.