FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	

5 Relationship of Reporting Person(s) to Issuer

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

2 Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* LEVIN JOSEPH					2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI]							(Check	tionship of F all applicab Director Officer (q	10% Owner				
(Last) (First) (Middle) C/O IAC/INTERACTIVECORP 555 WEST 18TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2017							x	X Officer (give title Officer (specify below) Chief Executive Officer					
(Street) NEW YORK NY 10011 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(- 3)			Table I - Non-	Deriv	ative S	Securit	ties Ac	auired.	Dis	posed of.	or Bene	ficially O	wned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. De Execut if any	2A. Deemed Execution Date,		3. 4. Securities Disposed Of Code (Instr.		s Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature of ndirect Beneficial Ownership		
								v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and			(Instr. 4)		
Common Stock, par value \$0.001 ⁽¹⁾ 02/14				02/14	/2017			M ⁽¹⁾		33,333	A	\$0	57,822		D			
Common Stock, par value \$0.001 ⁽²⁾ 02/14				02/14	14/2017			F ⁽²⁾		18,616	D \$76.82		39,206			D		
			Table II - D							osed of, or onvertible			ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date (Month/Day/Year) if (N	Execution Date,	Transaction Code (Instr.		Derivative I		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		Reported Transact (Instr. 4)	tion(s)			
Restricted Stock Units ⁽³⁾	\$0	02/14/2017		М			33,333	02/14/2017	(3)	02/10/2019 ⁽³⁾	Common Stock, par value \$0.001	33,333	\$0	66,6	667	D		
Options to Purchase Common Stock	\$76	02/14/2017		A		300,000		02/14/2018	(4)	02/14/2027 ⁽⁴⁾	Common Stock, par value \$0.001	300,000	\$0	300,0	000	D		

Explanation of Responses:

- 1. Represents shares of IAC common stock acquired upon the vesting of restricted stock units (see footnote 3 below).
- 2. Represents shares of IAC common stock withheld to cover the payment of taxes due in connection with the vesting of restricted stock units (see footnote 3 below).
- 3. Represents the first tranche of restricted stock units that vest in equal installments over three years, subject to continued service and the satisfaction of certain performance goals.
- 4. Represents stock options that vest in equal installments (25%) over four years on the anniversary of the grant date, subject to continued service.

Tanya Stanich as Attorney-in-Fact for Joseph Levin

02/16/2017

** 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 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.

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.