$\square$ 

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden

hours per response:	0.5
Estimated average burden	

				1					
1. Name and Addres BRONFMAN	ss of Reporting Person	n*	2. Issuer Name <b>and</b> Ticker or Trading Symbol IAC/INTERACTIVECORP [ IACI ]	(Check	eck all applicable)		5. Relationship of Reporting Person(s) to Issuer Check all applicable)		
	<u>LDOINCH</u>			X	Director	10% Owner			
,					Officer (give title	Other (specify			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
		. ,	09/30/2010						
75 ROCKEFELI	LER PLAZA								
<b>30TH FLOOR</b>									
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (	Check Applicable			
(Street)				X	Form filed by One Report	ing Person			
NEW YORK	NY	10019			Form filed by More than 0	One Reporting			
					Person	Silo rioporting			
·									
(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock, par value \$0.001 <sup>(1)</sup>	09/30/2010		A <sup>(1)</sup>		476	A	\$26.27	48,205 <sup>(2)</sup>	D	
Common Stock, par value \$0.001								5,375	Ι	By IRA
Common Stock, par value \$0.001								2,125 <sup>(3)</sup>	Ι	As custodian for minor children

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

l		(eigi, puis, cais, wananis					ams,	s, options, convertible securities)								
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of		Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr. 3		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of September 30, 2010.

2. Includes (i) 31,817 shares of IAC Common Stock held directly by the reporting person and (ii) 16,388 share units accrued under the Non-Employee Director Deferred Compensation Plan as of September 30, 2010.

3. The reporting person disclaims beneficial ownership of these shares of IAC Common Stock.

	TT 1.	<b>A</b>
Joanne	Hawkins	as Attorney-

in-Fact for Edgar Bronfman Jr. 10/04/2010

\*\* Signature of Reporting Person Date

 $\label{eq:resonance} \mbox{Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. }$ 

 $\ast$  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.