FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

gton D.C. 20540	
gton, D.C. 20549	OMB APPROVAL

OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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).

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*  SPOON ALAN G						2. Issuer Name and Ticker or Trading Symbol  INTERACTIVECORP [ IACI ]									heck all a <sub>l</sub>		g Person(s) to Issuer 10% Owner Other (specify below)		
(Last) 1000 WII	ast) (First) (Middle) 000 WINTER STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004									Offi bel	icer (give title ow)			
(Street) WALTHA			)2451 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lir	ne) X Foi Foi	or Joint/Group rm filed by On- rm filed by Mo rson	e Reporting	Person	
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or I	3ene	eficia	lly Owr	ned			
Date			Date	Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						d Secu Bene Own	nount of urities eficially ed Following orted	6. Ownersh Form: Direc (D) or Indirec (I) (Instr. 4)	of Indirect ect Beneficial	of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Tran	saction(s) r. 3 and 4)		(mount)	
Common Stock <sup>(1)</sup> 06/30.					0/2004				A		166	A \$		\$30.	14	14,561	D		
		Та									sed of, onvertib				Owne	d			
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date E Expiratio (Month/D	n Dat	Amount of			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	of Indirect Beneficial Ownership	
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha								

## Explanation of Responses:

1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of June 30, 2004.

Joanne Hawkins as Attorneyin-Fact for Alan Spoon

07/02/2004

\*\* 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.