1. Name and Address of Reporting Person
   Schwerdtman Michael H
   [Last] [First] [Middle]
   C/O IAC/INTERACTIVECORP
   555 WEST 18TH STREET
   [Street]
   NEW YORK NY 10011
   [City] [State] [Zip]

2. Issuer Name and Ticker or Trading Symbol
   IAC/InterActiveCorp [IAC]

3. Date of Earliest Transaction (Month/Day/Year)
   07/15/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   [ ] Director
   [ ] 10% Owner
   [X] Officer (give title below)
   [ ] Other (specify below)
   SVP and Controller (CAO)

6. Individual or Joint/Group Filing (Check Applicable Line)
   [X] Form filed by One Reporting Person
   [ ] Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of SECurities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units [1]</td>
<td>07/15/2020</td>
<td></td>
<td>A</td>
<td>20,310</td>
<td>$0</td>
<td>20,310</td>
<td>D</td>
</tr>
</tbody>
</table>

1. Represents restricted stock units that vest in one lump sum installment on February 15, 2025, subject to continued service, and with partial vesting upon certain terminations of employment.

Tanya M. Stanich as Attorney-in-Fact for Michael H. Schwerdtman 07/17/2020

** 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).


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.