FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	20549
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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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Common Stock, par value \$0.001(1) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security S	Name and Address of Reporting Person* De Rycker Sonali						2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI]										all app Direc	olicable) ctor	ıg Persoı	Person(s) to Issuer 10% Owner		
(Street) LONDON X0 SW1A 1ER Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)	C/O ACO	, , , ,																				
City (State City	16 ST. JAMES'S STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)																
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Explanation of Responses:

- 1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.
- 2. Includes (i) 8,161 shares of IAC common stock held directly by the reporting person and (ii) 1,740 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

Tanya M. Stanich as Attorneyin-Fact for Sonali De Rycker

04/02/2015

** 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.