FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | 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* GENACHOWSKI JULIUS | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERACTIVECORP [IACI] | | | | | | | | | all appli Directo | cable) or | g Pers | on(s) to Iss | vner | |
|---|---|--|---|---------|-------------------------|---|-------|-----------------------------------|-------------------|--|--------------------|--|--|--|-------------------------------------|---|---|---|---------------------------------------|--|
| (Last) 152 W. 5 | ` | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2003 | | | | | | | | X | Officer below) | | Other (sp below) nd COB | | specify | |
| (Street) NEW YORK NY 10019 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv _ine) X | , · | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | ction | 2/ Ex | A. Deemed kecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | ed (A) or | 5. Amor and 5) Securiti Benefic Owned | | int of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock ⁽¹⁾ | | /2003 | | | | F | | 6,602 | D | \$30 |).94 | 34 | ,169 | | D | | | | |
| Common | 2003 | | | | М | | 5,000 | A | \$18 | .625 | 39,169 | | D | | | | | | | |
| Common | /2003 | 2003 | | | S ⁽²⁾ | | 5,000 | D | \$ | \$32 34 | | 4,169 | | D | | | | | | |
| | | Т | able II - | | | | | | | | osed of, | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | ransaction | | n of | | xercis n Date ay/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Di Si (li | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersl Form: Direct (Dor Indirect) Or Indirect) | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | er | | | | | | |
| Stock Option (Right to | \$18.625 | 12/18/2003 | | | M | | | 5,000 | 12/18/20 | 01 1 | 12/18/2010 | Common Stock | 5,00 | 0 | \$0 | 120,00 | 0 | D | | |

Explanation of Responses:

- 1. This reflects withholding for taxes of shares of IAC common stock incident to the vesting on December 18, 2003 of restricted stock granted pursuant to the Company's 2000 Stock and Annual Incentive Plan.
- 2. This sale was effected pursuant to the terms of a 10b5-1 sales plan adopted by the reporting person on November 20, 2003.

Joanne Hawkins as Attorneyin-Fact for Julius Genachowski

12/19/2003

** 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.