FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. | 20549 |
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| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|

| OMB APPRO | VAL |
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| OMB Number: | 3235-0287 |
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| | OMB Number: Estimated average burde |

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* KEOUGH DONALD R /NY | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | | | | nip of Reporting Persoplicable) ector | | rson(s) to Is | | |
|--|--|---|---------------|---|---|---|---|--|-------------------|---|---|-------|--------------------------------|--|-------------------------------|---|---------------|---|--|--------------|
| (Last) 711 FIFT | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010 | | | | | | | | | Officer (give title below) | | | | Other (specify below) | |
| (Street) NEW YO (City) | | | .0022 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indiv ine) X | , | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Da | | | | Date | Transaction ate Ionth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Secur Benef Owne | | cially I Following | Forn (D) c | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | () | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (11150.4) |
| Common Stock, par value \$0.001(1) | | | | 12/3 | 12/31/2010 | | | | A ⁽¹⁾ | | 480 | | A \$28 | | 3.7 | 7 105,306 ⁽²⁾ | | | D | |
| Common Stock, par value \$0.001 ⁽³⁾ | | | | | | | | | | | | | | | | 500 ⁽³⁾ | | | I | By spouse |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) if any (Month/Day Month/Day | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price Derivati Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

- 1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of December 31, 2010.
- 2. Includes (i) 83,734 shares of IAC Common Stock and (ii) 21,572 share units accrued under the Non-Employee Director Deferred Compensation Plan as of December 31, 2010.
- 3. The reporting person disclaims beneficial ownership of these shares of IAC Common Stock.

Joanne Hawkins as Attorneyin-Fact for Donald Keough

01/04/2011

** 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.