FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* <u>Lourd Bryan</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Louid Diyan | | | | | | | | | | | | | | | X | Direc | ctor | | 10% C | wner | | |
| (Last) (First) (Middle) 9830 WILSHIRE BLVD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2008 | | | | | | | | | | | Office | er (give title v) | Other (specify below) | | | | |
| HILLS | BEVERLY CA 90212-18 | | 25 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Sec | curitie | s Acq | uired, | Disp | osed o | f, or | Bene | eficia | ally (| Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Day/Year) if a | | A. Deemed execution Date, any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | |
| Common | 06/30/2008 | | | | | | 714 | | A \$ | | 46,273(2) | | 5,273(2) | Г |) | | | | | | | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | • | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration | Title | Amo or Nun of Sha | nber | | | | | | | | |

Explanation of Responses:

- 1. Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of June 30, 2008.
- 2. Includes (i) 39,965 shares of IAC Common Stock and (ii) 6,308 share units accrued under the Non-Employee Director Deferred Compensation Plan as of June 30, 2008.

<u>Joanne Hawkins as Attorney-</u> <u>in-Fact for Bryan Lourd</u> <u>07/02/2008</u>

** 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.