FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| OMB APF | PROVAL |
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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>LIBERTY MEDIA CORP</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | | |
|--|---|--------|--|----------|---|---|--|-------|---|--------|------------------------|---|--|---|---|--|---|--|---|--|--|
| (Last) 12300 LI | ` | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2009 | | | | | | | | | Offic belo | er (give title w) | : | Other below | r (specify v) | | |
| (Street) ENGLEV (City) | LEWOOD CO 80112 (State) (Zip) | | | | | | 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 | | | | | |
| (Oity) | (0 | | | lon-Deri | vative | Sec | uritie | es Ac | quire | d, Di | isposed o | f, or B | Benefic | ially | Own | ed | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | nd 5) | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | ted action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | | 10/28/2 | 10/28/2009 | | | | S | | 75,000 | D | \$19. | 03(1) | 3 ⁽¹⁾ 17,380,903 | | I | | Held through wholly- owned subsidiary | | |
| Common Stock 10/2 | | | | 10/29/2 | 2009 | | | | S | | 270,500 | D | \$19. | 02 ⁽²⁾ | 17,110,403 | | | I | Held through wholly- owned subsidiary | | |
| | | Т | able II | | | | | | | | oosed of, convertib | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Pate Executi Month/Day/Year) if any | | | | 5. Number | | 1 | e Exer | cisable and late | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

- 1. The price reflects a weighted average of sales made at prices ranging from \$19.00 to \$19.33 The Reporting Person agrees to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, information regarding the number of shares sold at each separate price.
- 2. The price reflects a weighted average of sales made at prices ranging from \$19.00 to \$19.17. The Reporting Person agrees to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, information regarding the number of shares sold at each separate price.

LIBERTY MEDIA CORPORATION By: /S/ Craig 10/30/2009 **Troyer Vice President**

** 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.