FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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* KEOUGH DONALD R /NY | | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|---|---|---------------------------|-------|--|---|---------|------------------------------|-----------------------------|--|---|-----------------|----------------------|---|--|--|---|---|--|--|
| KEUUGH DUNALD R/NY | | | | | | | | | | | | | | | X Director | | ctor | | 10% O | 10% Owner | |
| (Last) 711 FIFT | (Fi | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2013 | | | | | | | | | | Officer (give title below) | | | | Other (specify below) | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| NEW YO | ORK N | Y 1 | .0022 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | n Date, | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bend Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | | A) or D) | Pric | | | action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock, par value \$0.001 ⁽¹⁾ 12/ | | | | | | /2013 | | | | | 108 | | Α | \$57 | 7.21 | 145,054 ⁽²⁾ | | | D | | |
| Common Stock, par value \$0.001 ⁽³⁾ | | | | | | | | | | | | | | | | 500 ⁽³⁾ | | | I | By spouse | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transac Code (Ir | | | of Deriving Security (A) of Disposof (D) (Insti | of I | | xercis on Date Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F C C | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

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) 119,099 shares of IAC Common Stock and (ii) 25,955 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.
- 3. The reporting person disclaims beneficial ownership of these shares of IAC Common Stock.

Joanne Hawkins as Attorneyin-Fact for Donald Keough

12/03/2013

** 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.