FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL					
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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* IAC/INTERACTIVECORP			Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]					
(Last) (First) (Middle) 152 WEST 57TH STREET		(Middle)			4. Relationship of Reporting Perso (Check all applicable) Director X	n(s) to Issue	r (N	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK (City)	NY (State)	10019 (Zip)			Officer (give title below)	Other (spe- below)		pplicable Line) X Form filed by	d/Group Filing (Check y One Reporting Person y More than One erson	
		Т	able I - Non	-Derivat	ive Securities Beneficially	y Owned				
1. Title of Security (Instr. 4)			2	. Amount of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Owne (Instr. 5)		Beneficial Ownership			
	,				Beneficially Owned (Instr. 4)	Form: Direct	t (D) (In	str. 5)		
Common Stock		.01			Beneficially Owned (Instr. 4)	Form: Direct (t (D) (In	str. 5)		
				Derivative	Beneficially Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	t (D) (In	str. 5)		
	k, par value \$0.	(e. <u>ç</u>		Derivative Is, warra	100 e Securities Beneficially Cunts, options, convertible	Form: Direct or Indirect ((Instr. 5) D Dwned securities	t (D) (In	5. on Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Tanya M. Stanich, Assistant Secretary,

IAC/InterActiveCorp

** Signature of Reporting Person Date

08/08/2008

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).