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* SCHWARZKOPF H NORMAN | | | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | | | of Rep icable) tor | , | | n(s) to Issuer 10% Owner | | |
|--|---|--|--|---------|---|--|---|-------|--------------|--------------------------------------|---|---|------|---------------|---|--|--|-------|---|---|------------|--|
| (Last) | ` | irst) EY STREET, SU | (Middle) UITE 3050 | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2007 | | | | | | | | | | | Officer (give title below) | | | Other (s below) | | | |
| (Street) TAMPA FL 33602 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans: Date (Month/It | | | | | actio | n | 2A. Deemed Execution Date, if any (Month/Day/Year | | ate, | 3. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | (A) or | 5. Amo Securit Benefic Owned | unt of ies ially Followi | F | orm: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| Common Stock, par value \$0.001 ⁽¹⁾ | | | | 06/20 | 0/2007 | | | | | Code M(1) | v | Amount 2,500 | | (A) or (D) | Price \$0 | Transa (Instr. 3 | Reported Transaction(s) (Instr. 3 and 4) | | D | | (Instr. 4) | |
| | ,,, | | Table II - | | | | | | | | | | | | | <u> </u> | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, Ti | ansaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | ate Exerc iration Da nth/Day/\ | e and | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | Security | 8. Price of Derivative Security (Instr. 5) | deri Seci Ben Owr Follo Rep | owing orted isaction | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | С | ode | v | (A) | (D) | Date Exer | e rcisable | Ex Da | piration te | Titl | | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | \$0 | 06/20/2007 | | | M | | | 2,500 | 06/2 | 0/2007 ⁽³⁾ | 06 | /20/2009 ⁽³⁾ | | mmon tock | 2,500 | \$0 | | 5,000 | | D | | |

Explanation of Responses:

- 1. Represents shares of IAC Common Stock acquired upon the vesting of restricted stock units (see footnote 3 below).
- 2. Includes (i) 13,003 shares of IAC Common Stock held directly by the reporting person and (ii) 11,452 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.
- 3. The terms of the initial grant provide for vesting in equal installments over three years on the anniversary of the grant date, June 20, 2006, subject to continued service.

Joanne Hawkins as Attorney-in-

Fact for H. Norman

06/22/2007

<u>Schwarzkopf</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.