WAS	ITED STATES SECURITIES AND EXCHANGE COMMISSION SHINGTON, D.C. 20549 PM 4
	ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
· · ·	
	Check this box if no longer subject to Section 16.
	rm 4 or Form 5 obligations may continue. See Instructions 1(b).
1.	Name and Address of Reporting Person
	HSN, Inc.
	1 HSN Drive
	St. Petersburg, FL 33729
	USA
2.	Issuer Name and Ticker or Trading Symbol
	Ticketmaster Group, Inc.
	TKTM
3.	IRS or Social Security Number of Reporting Person (Voluntary)
4.	Statement for Month/Year
	July/1997
5.	If Amendment, Date of Original (Month/Year)
6.	Relationship of Reporting Person(s) to Issuer (Check all applicable) () Director (X) 10% Owner () Officer (give title below) () Other (specify below)

7.	Individual or Joint/Group Filing (Check Applicable Line)
	(X) Form filed by One Reporting Person
	() Form filed by More than One Reporting Person

1. Title of Security	2. 3. 4.Securities Acc Transaction or Disposed of		6.Dir 7.Nature of Indirect ect Beneficial Ownership (D)or		
	i i ii	A/ Owned at	Indir		
	Date Code V Amount	D Price End of Month	ect(I)		
Common Stock	07/24/ P 70,000 shares	A \$16/share 12,395,014	 D		
Common Stock	97	(excluding			
	i i ii	commissions)	i i		
			ı		
Common Stock	07/25/ P 42,000 shares	A \$16/share 12,395,014	D		
	97	(excluding)			
		commissions)			

Table II Derivative Securitites Acquired, Disposed of, or Beneficially Owned													
1.Title of Derivative Security	version or Exer cise Price of Deriva- tive Secu-	Trans 	4. action Code V	rivativ rities red(A) posed o	e Secu Acqui or Dis f(D) <i>F</i> [ı cis Exp Dat Day Dat	able a iratio e(Mont /Year) e Exp r- ati a- Dat	nd n h/ ir on	Title and A of Underlyi Securities Title and of Shares	ing	•	e 9.Number of Deriva tive Securities Benefi ficially Owned at End of Month	10. 11.Nature of Dir Indirect ect Beneficial (D) Ownership or Ind ire ct (I)
	1	I	l I	I	ı	I	ı	ı			l	I	1 1

Explanation of Responses:

By: /s/ Jed B. Trosper
Name: Jed B. Trosper
Title: Executive Vice President,
Chief Financial Officer and

Treasurer

SIGNATURE OF REPORTING PERSON

8/1/97 DATE