FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0       |     |  |  |  |  |  |  |  |
| 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 <b>and</b> Ticker or Trading Symbol IAC/INTERACTIVECORP [ IACI ] |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                   |                                                                          |                                                                    |          |  |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------|----------|---------|----------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------|-------|-------|----------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|----------|--|
| SCHWARZROFF II NORMAN                                         |                                                                                                                               |               |          |         |                                        |                                                                                 |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        | X                                                                       | Director                                          |                                                                          | 10% C                                                              | Owner    |  |
| (Last) (First) (Middle) 400 NORTH ASHLEY STREET, SUITE 3050   |                                                                                                                               |               |          |         |                                        |                                                                                 | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2006 |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        |                                                                         | Officer (give<br>below)                           | e title                                                                  | Other<br>below                                                     | (specify |  |
| 400 NOF                                                       | III ASILI                                                                                                                     | EI SIREEI, SC | 11E 303  | U       | _                                      |                                                                                 |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       | _                                      |                                                                         |                                                   |                                                                          |                                                                    |          |  |
| (Street)                                                      |                                                                                                                               |               |          |         |                                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                                   |                                                                          |                                                                    |          |  |
| TAMPA                                                         | FL                                                                                                                            | . 9           | 33602    |         |                                        |                                                                                 |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        | X                                                                       | Form filed by One Reporting Person                |                                                                          |                                                                    |          |  |
|                                                               |                                                                                                                               |               |          |         |                                        |                                                                                 |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        |                                                                         | Form filed I<br>Person                            | rm filed by More than One Reporting<br>erson                             |                                                                    |          |  |
| (City)                                                        | (St                                                                                                                           | ate) (        | Zip)     |         |                                        |                                                                                 |                                                             |                                                                                                |                                      |       |                                                                                                                 |       |       |                                        |                                                                         |                                                   |                                                                          |                                                                    |          |  |
|                                                               |                                                                                                                               | Tabl          | e I - No | n-Deriv | ative                                  | Se                                                                              | curitie                                                     | s Acc                                                                                          | quired,                              | Dis   | posed o                                                                                                         | f, or | Ben   | eficia                                 | lly O                                                                   | wned                                              |                                                                          |                                                                    |          |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da    |                                                                                                                               |               |          |         | eay/Year) if a                         |                                                                                 | A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year)    |                                                                                                | Transaction Disposed Code (Instr. 5) |       | rities Acquired (A)<br>ed Of (D) (Instr. 3,                                                                     |       |       | d S                                    | . Amount of<br>Securities<br>Beneficially<br>Owned Follow<br>Reported   | ;                                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |          |  |
|                                                               |                                                                                                                               |               |          |         |                                        |                                                                                 |                                                             |                                                                                                | Code                                 | v     | Amount (A) or (D)                                                                                               |       | Price | 1                                      | Transaction(s)<br>(Instr. 3 and 4)                                      |                                                   |                                                                          | (111341.4)                                                         |          |  |
| Common Stock, par value \$0.001 <sup>(1)</sup> 03/3           |                                                                                                                               |               |          |         | /2006                                  |                                                                                 |                                                             | A <sup>(1)</sup>                                                                               |                                      | 399 A |                                                                                                                 | A     | \$29. | 47                                     | 13,693(2)                                                               |                                                   | D                                                                        |                                                                    |          |  |
|                                                               |                                                                                                                               | Та            |          |         |                                        |                                                                                 |                                                             |                                                                                                |                                      |       | sed of,<br>onvertib                                                                                             |       |       |                                        | Ow                                                                      | ned                                               |                                                                          |                                                                    |          |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2. Conversion Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year) |               | Date,    |         | Transaction of Code (Instr. Derivative |                                                                                 |                                                             | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date |                                      |       | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares |       |       | 8. Pric<br>Deriva<br>Securi<br>(Instr. | tive deriva<br>ty Secur<br>5) Benef<br>Owne<br>Follow<br>Repor          | ities<br>icially<br>d<br>ving<br>rted<br>action(s | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |  |

## **Explanation of Responses:**

- 1. Represents share units accrued pursuant to the Non-Employee Director Deferred Compensation Plan as of March 31, 2006.
- 2. Includes (i) 3,750 shares of IAC Common Stock held directly by the reporting person and (ii) 9,943 share units accrued pursuant to the Non-Employee Director Deferred Compensation Plan as of March 31, 2006.

Joanne Hawkins as Attorney-

in-Fact for H. Norman

04/04/2006

**Schwarzkopf** 

\*\* 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.