FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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| STATEMENT OF | CHANGES II | N BENEFICIAL | OWNERSHIP |
|--------------|-------------------|--------------|-----------|

OMB APPROVAL OMB Number: 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* BRONFMAN EDGAR JR | | | | | 2. Issuer Name and Ticker or Trading Symbol IAC/INTERACTIVECORP [IACI] | | | | | | | | | | | ip of Reporting Perso plicable) ctor | | erson(s) to Is | | | |
|---|------------|------------------------------|----------------|--|--|---|--|---|-------|--------------------------|------------|---------------------------------------|---|-----------------------|--|---|---------------------------------|--|--|------------|--|
| | • | CTIVECORP | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015 | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | | | |
| (Street) NEW YO | ORK N | Y | 10011 (Zip) | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indi _ine) X | Forn | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Se Be | | 5. Amount of Securities Beneficially Owned Following Reported | | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | Transa | ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock, par | value \$0.001 ⁽¹⁾ | | 12/31 | /2015 | /2015 | | | | A ⁽¹⁾ | | 208 | П | A | \$60.05 | | 82,801(2) | | | D | |
| Common Stock, par value \$0.001 | | | | | | | | | | | | | | | 2,125 | | | I | As custodian for minor children | | |
| Common Stock, par value \$0.001 | | | | | | | | | 5,375 | | I | By IRA | | | | | | | | | |
| | | Ta | | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution Date (Month/Day/Year) (Month/Day/Year) | | n Date, | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 nount mber | Der Sec | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

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) 59,621 shares of IAC Common Stock held directly by the reporting person and (ii) 23,180 share units accrued under the Non-Employee Director Deferred Compensation Plan as of the date of this report.

Joanne Hawkins as Attorneyin-Fact for Edgar Bronfman Jr.

01/05/2015

** Signature of Reporting Person

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.