FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* Costello William				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2008						Office	r (give title belo	ow)	Other (specify l	pelow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
ST. PETI	ERSBURG	G, FL 33729													
(City) (State) (Zip)				,	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3)		2. Transaction Date (Month/Day/Year)	•	if C	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			D) Beneficially Owned Following Reported Transaction(s)		ollowing	Ownership of Form:	Beneficial	
				(Month/Day/Ye	ar)	Code	V	Amou	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, par value \$0.01 per share (1)		12/31/2008			A ⁽¹⁾		1,719		\$ 7.27	14,219 (2)		D			
				Derivative Secui			cont the f	tained i form di isposed	in this fo splays a of, or Bei	rm ar curre	e not requently valid	OMB conf	spond unle trol numbe	ss	1474 (9-02)
	_			(e.g., puts, calls,		ants, op						0.71.0		2 1 2	44.37
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da (ear) any	te, if Transaction Code Year) (Instr. 8)	of De Se Ac (A Di of (In	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	Citle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownershi (Instr. 4) D) ect
				Code V	7 (A	(D)	Date	e rcisable	Expiration Date	on Titl	Amount or e Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Costello William C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729	X					

Signatures

/s/ Linda C. Frazier, by power of attorney	01/06/2009		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * 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).
- (1) Represents share units accrued under the Non-Employee Director Deferred Compensation Plan as of December 31, 2008.
- (2) Includes (i) 12,500 shares of HSN, Inc. common stock held directly by the reporting person and (ii) 1,719 share units accrued under the Non-Employee Director Deferred Compensation Plan as of December 31, 2008.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.