

(Print or Type Responses)

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

OMB APPROVAL				
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Estimated average burden				
nours per response	e 0.5			

#### INITIAL STATEMENT OF 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

1. Name and Address IAC/INTERACT			2. Date of Event Requiring Statement (Month/Day/Year)  08/08/2008				3. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]			
152 WEST 57TH	(First) STREET	(Middle)				Issuer			Filed(Month/Day/Year)  6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person	
NEW YORK, NY	(Street)				Officer (give tit	t all applicable) X 10% Owr leOther (specification)	ecify Applicable _X_Form			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					, , ,		
1.Title of Security (Instr. 4)				В		nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of India (Instr. 5)	ect Beneficial Ownership	
Common Stock, par value \$0.01			1	100		D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  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 control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(Instr. 4)				3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	_		te ercisable	Expiration Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)		
D 41 6	_									

#### **Reporting Owners**

Donouting Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
IAC/INTERACTIVECORP					
152 WEST 57TH STREET		X			
NEW YORK, NY 10019					

## Signatures

Tanya M. Stanich, Assistant Secretary, IAC/InterActiveCorp	08/08/2008
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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.