FORM	4
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Ì	Check this box if no
	longer subject to
	Section 16. Form 4 or
	Form 5 obligations may
	continue. See
	Instruction 1(b)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

^{corm 5 obligations may} Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment istruction 1(b). Company Act of 1940

(Print or Type Responses)											
1. Name and Address of Reporting Person [*] – KUGELMAN STEPHANIE			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) 1 HSN DRIVE	(First)		3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (spectrum) 08/20/2008 Officer (give title below) Other (spectrum)						er (specify below	<u>v)</u>		
(Street) ST. PETERSBURG, FL 33729			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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any					Transaction(s)		Beneficial		
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

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 SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

				(e.g., p	uts,	cans, w	arra	ints, options, conv	ertible securities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exercisab	le and Expiration	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Date		of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Year	r)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securiti	ies			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed							Security:	(Instr. 4)
	Security					(A) or							•	Direct (D)	
						Dispose	ed						1	or Indirect	
						of (D) (Instr. 3	. 1						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and 5)	, 1 ,						(11150.4)	(11150.4)	
						unu <i>v</i>)			(
											Amount				
								Date	Expiration Date		or Number				
								Exercisable	Expiration Date	THE	of				
				Code	v	(A)	(D)				Shares				
	1				-	()	()			C					
Restricted										Common					
Stock	\$ 0	08/20/2008		А		7,930		08/20/2009(1)	08/20/2010(1)	Stock,	7,930	\$ 0	7,930	D	
Units (1)	ψŪ	00,20/2000		- 1		,,,50		08/20/2009	08/20/2010	par value	,,,50	ψŪ	,,,50	D	
Units Lea										\$0.01					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KUGELMAN STEPHANIE 1 HSN DRIVE ST. PETERSBURG, FL 33729	х						

Signatures

 Tanya Stanich as Attorney-in-Fact for Stephanie Kugelman
 08/22/2008

 **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 a grant of HSNI restricted stock units pursuant to HSNI's 2008 Stock and Annual Incentive Plan. The terms of the grant provide for vesting in equal installments over two years on the anniversary of the grant date, August 20, 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.