FORM 4

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

OMB APPROVAL

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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 Type Re	esponses)																
1. Name and Address of Reporting Person * SCHMELING JUDY				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]								5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
C/O HSN, IN	(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2016							X	X Officer (give title below) Other (specify below) Pres. Cornerstone, COO HSNi				
(Street) ST.PETERSBURG, FL 33729				4. If Amendment, Date Original Filed(Month/Day/Year)							ay/Year)	_X_:	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)	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Acquired,	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		I	ate Ex Month/Day/Year) an		2A. Deemed Execution Date, if any (Month/Day/Year)		ar) Code (Instr.	(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) (A) or Amount (D) Pr		f (D) Owr Tran	Owned Following Reported Ownership of In		Beneficial Ownership		
Reminder: Repo	ort on a separa	ate line for each cl					•		Persons in this f displays	form s a c		equired to ralid OMB	respond control n	unless the	ion containe form	d SEC 1	474 (9-02)
1 7774 . C	l _a	2.77	124 D 1	(e.g.	, puts, c	alls,	warrants 5. Numb		T		tible securi	T '	1.4	0 D : C	10 N 1	. 1.0	11.37.
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	ar) any		e, if Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	er	(Instr. 4)	(Instr. 4)	
Restricted Stock Units	(1)	12/20/2016			A		116.74		<u>(T</u>	Ţ	(1)	Common Stock, par value \$0.01 pe share	116.74	\$ 36.65	12,341.082	2 D	
Performance Share Units	(2)	12/20/2016			A		78.921		(2))	(2)	Common Stock, par value \$0.01 pe	78.921	\$ 36.65	8,343.106	D	

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
SCHMELING JUDY C/O HSN, INC. 1 HSN DRIVE ST.PETERSBURG, FL 33729			Pres. Cornerstone, COO HSNi						

Signatures

/s/ Harold Herman, as attorney-in-fact	12/22/2016		
**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) Each Restricted Stock Unit ("RSU") is the economic equivalent of one share of common stock. The rights accrued when and as the cash dividends were reinvested in securities. They vest or expire on the same terms as the securities to which they relate.
- Dividend equivalents on outstanding performance units awards. They vest or expire on the same terms as the PSU award to which they relate. The number of performance share units("PSUs") reported represents the "target" number of PSUs including dividend equivalents to date. Each PSU represents a contingent right to receive 0-200% of that number in shares of HSN, Inc. common stock. The PSUs vest upon continued employment and achievement of specified thresholds of total shareholder return (TSR) compared to certain peers measured on December 31, 2018, as set forth in the award agreement. The award vests after the performance results are certified by the Compensation and Human Resources Committee.

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.