## FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average bu	ırden
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 Type Responses)  1. Name and Address of Reporting Person*  MARTINEZ ARTHUR C				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) 05/24/2017					-	Officer (g	ve title below)	Oth	er (specify below	v)
(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 PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					ies Acquir	nired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr.	8) (1	A) or Disposed instr. 3, 4 and (A) o	1 of (D) O 5) T		wing Report )	] ] (	Ownership Form: Direct (D)	T. Nature of Indirect Geneficial Ownership Instr. 4)
	.p	To the	h class of securities		<i>y</i> =		Persor contail	s who responed in this fo	orm are no	ot required	d to respoi	nd unless th		474 (9-02)
							uired, Disp	osed of, or Be	neficially (		ontrol nun	nber.		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	tion of Des Sec (A) Dis of (In:	Number ivative urities quired or posed D) str. 3, 4,	uired, Disp options, co	osed of, or Be onvertible sec xercisable ation Date	neficially ( urities)	Owned ad Amount ying	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, it	4. Transact	5. ition of Des	Number rivative urities quired or posed D) str. 3, 4, 5)	Date Exercisab	osed of, or Be onvertible sec ercisable ation Date ay/Year)	7. Title an of Underly Securities	Owned ad Amount ying	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	Ownershi Form of Derivativ Security: Direct (D or Indirects)	p of Indire Benefici Ownersh (Instr. 4)

### **Reporting Owners**

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

# **Signatures**

/s/ Harold Herman, as attorney-in-fact	05/25/2017
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 deferred stock unit ("DSU") represents a contingent right to receive one share of common stock.
- Represents a grant of deferred stock units in connection with the reporting person's continuous service as a non-employee director of the company. The terms of the grant provide for (2) 100% vesting on the earlier of (i) the first anniversary of the grant date or (ii) the date of the company's next annual meeting of shareholders. The DSUs will be settled in shares of the company's common stock approximately six months following the reporting person's retirement or other termination of service as a director.

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.