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

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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 Responses)	*								5 Dal-4	ahin cCD	antina D	(a) to T	
Name and Address of Reporting Person   SCHMELING JUDY		2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2009					X Officer (give title below) Other (specify below)  EVP & CFO, HSNi						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year) 01/07/2009					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.PETERSBURG, FL	33729							-	roiii ille	d by More than	One Reporting I	erson	
(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)	•	Code (Instr. 8)	(	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		f (D)	Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year	Code	V	Amount	(A) or (D) F	Price	(Instr. 3 aı	Instr. 3 and 4)		\ /	Ownership (Instr. 4)
Common Stock, par val	lue 01/9	02/2009		F <sup>(1)</sup>		186	D \$	.27	10,873	2) (3)		D	
Reminder: Report on a separa	ate line for each	h class of securi	ities beneficially o		Perso conta	ns who	respon	n are	not requ		pond unles	ss	1474 (9-02)
	ate line for each	Table II - I	Derivative Securit	ties Acquire	Perso contain the fo	ons who	o respon- this form plays a c f, or Bene	n are urren ficially	not requ tly valid	ired to res		ss	1474 (9-02)
Reminder: Report on a separa		Table II - I	Derivative Securit	ties Acquire arrants, op	Perso contain the fo ed, Dispetions, o	ons who ined in orm dis posed o converti	o respond this form plays a c f, or Bene ible securi	n are urren ficially	not requ itly valid y Owned	ired to res	pond unles	ss	
Reminder: Report on a separa  1. Title of Derivative Conversion Date	ransaction	Table II - I	Derivative Securites, calls, w	ties Acquire arrants, op	Perso contai the fo ed, Disp tions, of 6. Dat and Ex (Mont	ons who	o responding this form plays a configuration of the securities of	ficially ities) 7. Tit Amou Unde Secur	not required the and unt of earlying	OMB conf	pond unles	f 10. Owners: Form of Derivati Security Direct ( or Indire	11. Nature of Indires Benefici (Instr. 4)

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

# **Signatures**

/s/ Linda C. Frazier, as attorney in fact	04/21/2009
**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 shares of HSNi common stock withheld to cover the payment of taxes in connection with the settlement of restricted stock units. No shares of HSNi common stock were sold in connection with this settlement and related withholding.
- (2) Includes shares of HSNi common stock held by Ms. Schmeling and shares held indirectly by Ms. Schmeling through a 401(k) plan.
- (3) This amendment is being filed to report that the actual number of securities benefically owned is 10,873 as opposed to 11,267 which was previously reported as a result of an administrative error on a Form 4 filed on January 7, 2009.

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.