# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 Ty	pe Response	s)										_				
1. Name and Address of Reporting Person *- GROSSMAN MINDY F				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) 11/16/2010							X_ Office	er (give title bel	ow) CEO	Other (specify b	elow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fil	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. PETI	ERSBURG	G, FL 33729										— Form me	ed by More man	One Reporting	reison	
(City	)	(State)	(Zip)			Tab	le I - N	lon-	Derivative	Securitie	s Acq	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, if	if Code (Instr. 8)		(A) or Disposed o (Instr. 3, 4 and 5)		of (D	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	Beneficial	
					ear)	Code		V Amou	(A) or nt (D)	Pric	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common \$0.01 per	Stock, pa	r value	11/16/2010				G		V 550	D	\$ 0	28,597			D	
								th	ne form di , Disposed	splays a	curr nefici	ently valid ally Owned	OMB con	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da Year) any	4. Transaction Code Year) (Instr. 8)		5. N of D Sc A (A Of	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ar Ur Se	Title and mount of aderlying curities astr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Beneficial Ownershij (Instr. 4)
				(	Code '	V (.	(E	E	Date Exercisable	Expiration Date	on Ti	Amount or Number of Shares				

### **Reporting Owners**

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

# **Signatures**

/s/ Linda C. Frazier, as attorney-in-fact	11/17/2010		
**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).

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.