FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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) 1. Name and Address of Reporting Person * MORSE JOHN B JR | | | | 2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|--------------------------------------|------------------------|--|---|-----------|---------------|--------------------|------|--|---|--|--------------------|--------------------------------------|--|--|--|-------------------------|--|
| (Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE | | | | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2010 | | | | | | | - | _XDirect Office | or (give title belo | w) | 10% Owner Other (specify | pelow) | | |
| (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 Acqu | | | | | | cquir | lired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Tra Date (Mon | | any | ution Dat | tion Date, if | Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5) | | D) Beneficially Reported Tra | | lly Owned I Transaction | y Owned Following ransaction(s) | | 7. Nature of Indirect Beneficial | | |
| | | | | | (Mon | nth/Day/Y | ear) | | de | V | Amoun | (A) or (D) | Prio | | or In | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common Stock, par value \$0.01 per share | | | 12/0 | 7/2010 | | | | S | S | | 10,000 |) D | \$ 30.9 (1) | 95 | 44,846 (2) | | | D | |
| | | | | Table II - | | | | | quir | the ed, D | form di | splays of, or B | a cui Senefic | rrent | tly valid | ired to res OMB cont | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transactio Date (Month/Day/ | Year) E | 3A. Deemed Execution Data | 4. | | tion | 5. | | and Expiration Date (Month/Day/Year) A U | | 7. Title and Amount of Underlying Securities Instr. 3 and | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) | | |
| | | | | | C | Code | V | (A) | (D) | Dat Exe | - | Expirat Date | tion T | | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| MORSE JOHN B JR C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729 | X | | | | | | |

Signatures

| /s/ Linda C. Frazier, as attorney-in-fact | 12/08/2010 | | |
|---|------------|--|--|
| **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).
- This transaction was executed in multiple trades at prices ranging from \$30.65 to \$31.04. The price reported above reflects the weighted average sales price. The reporting (1) person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- (2) Represents (i) 42,502 shares of common stock held directly by the reporting person and (ii) 2,344 share units accrued pursuant to HSNI's Non-Employee Director Deferred Compensation Plan.

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.