FORM 4

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

OMB APPRO	JVAL						
OMB Number:	3235-0287						
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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)																		
Name and Address of Reporting Person * Letizio Lisa						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) 02/09/2011							X_0	X Officer (give title below) Other (specify below) EVP, Human Resources of HSNi					
(Street)						4. If Amendment, Date Original Filed(Month/Day/Year) 02/11/2011								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 (City) (State) (Zip)																			
		()				24 D	-					ve Securities A	<u> </u>				T,	7 37 /	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ear)	2A. Deer Executio any (Month/I	Year) Co-	3. Transactor, if Code (Instr. 8) Year) Code		(A) or	Disposed of (I 3, 4 and 5) (A) or nt (D)	Owned Transac	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership Instr. 4)			
Reminder: Repo	rt on a separa	ate line fo	r each clas	s of securities	bene	ficially ov	vne	<u> </u>		directly.		o respond to		tion of ir	nformation		n SEC 1	474 (9-02)	
				Table	п -	Derivativ	e S	ecurities A	\eau	curren	tly va	e not require alid OMB con of, or Benefici	itrol numbe		s the form	displays a			
	ı					(e.g., puts		ılls, warra	nts,	options, co	onvert	tible securities	s)		ı	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)				Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		e	of Underlyi Securities	, ,		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)	
						Code	V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
Stock Appreciation Rights	\$ 29.72	02/09	9/2011			A		11,683		(1)	1	02/09/2021	Common Stock, par value \$0.01 per share	11,683	\$ 0	11,683 (2)	D		
Restricted Stock Units	\$ 0	02/09/2011			A		2,524		02/09/2	2014	(3)	Common Stock, par value \$0.01 per share	2,524	\$ 0	2,524 (4)	D			
Reportin						Relatio	nshi	ips				_							
Reporting Owner Name / Address Director Owner				Off	ficer					Othe	er								

EVP, Human Resources of HSNi

Signatures

1 HSN DRIVE

ST. PETERSBURG, FL 33729

Letizio Lisa C/O HSN, INC.

/s/ Linda C. Frazier, as attorney-in-fact	02/25/2011			
**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) The Stock Appreciation Rights vest over a three-year period beginning on February 9, 2012.
- (2) The Form 4 previously filed for this reporting person understated the number of Stock Appreciation Rights by 779. This filing corrects the number of Stock Appreciation Rights granted.
- (3) All of such Restricted Stock Units vest on February 9, 2014. Shares will be delivered shortly after vesting.
- (4) The Form 4 previously filed for this reporting person understated the number of Restricted Stock Units by 168. This filing corrects the number of Restricted Stock Units granted.

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.