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 * MORSE JOHN B JR | | | | 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) 03/31/2011 | | | | | | | Office | r (give title belo | ow) | Other (specify b | pelow) |
| (Street) | | | | 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 | | | | | |
| ST. PET | ERSBURG | G, FL 33729 |) | | | | | | | | | | one responding | | |
| (City | 7) | (State) | (Zip) | | Tab | le I - N | on-D | erivative | Securiti | es Acq | uired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | , if | (Instr. 8) | | tion 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5) | | d of (D) | Beneficia Reported | nt of Securities ally Owned Following I Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | |
| | | | (Month/Day/Year) | | Code | 7 | / Amou | (A) or (D) | Price | (Instr. 3 a | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common Stock, par value \$0.01 per share | | 03/31/2011 | | | A ⁽¹⁾ | | 132 | A | \$ 32.0 | 45,117 ⁽²⁾ | | | D | | |
| | | | | Derivative Secu | | | co the | ntained e form d Disposed | in this fisplays | orm and a curre | re not requently valid | OMB conf | spond unle trol numbe | ss | 1474 (9-02) |
| 1 75'41 6 | I ₂ | 12 T .: | | (e.g., puts, calls, | | | | | | | | 0 D : C | 0.31 1 | C 10 | 11 37 / |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | Execution Da Year) any | ate, if Transaction Code (Year) (Instr. 8) | OT DO S A (A D OT) | Number a | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | An Un Sec | Title and nount of iderlying curities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficial Ownership (Instr. 4) |
| | | | | Code | V (| (E | Ex | ate xercisable | Expirat Date | ion Tit | 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 | 04/04/2011 | | |
|---|------------|--|--|
| **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) Represents share units accrued for the quarter ended March 31, 2011 under the Non-Employee Director Deferred Compensation Plan.
- (2) Represents (i) 42,502 share of common stock held directly by the reporting person and (ii) 2,615 share units.

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.