# FORM 4

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

OMB APPROVAL

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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	e Responses)															
1. Name and Address of Reporting Person * MCINERNEY THOMAS				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) 1 HSN DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2011							_	Officer (giv	e title below)	Oth	er (specify bel	ow)	
OT DETE	DCDLIDC	(Street)	4	4. If Amer	dment	t, Date	Original	Filed(	Month/E	oay/Year)		Form filed by	One Reporting	p Filing(Check Person Reporting Person		ine)
ST. PETEI	KSBUKG,		(7:-)													
(City)		(State)	(Zip)			Tal	ble I - N	on-De	rivativ	e Securitie	s Acquire	d, Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)		. Transac Code Instr. 8)	(A) (		Securities Acquired ) or Disposed of (Distr. 3, 4 and 5)						7. Nature of Indirect Beneficial Ownership
							Code	V	Amou	(A) or (D)	Price	,			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, par value \$0.01 per share			05/19/2011				M <sup>(1)</sup>		5,144	4 A	\$ 0 78	78,056			D	
Common Stock, par value \$0.01 per share			05/19/2011				M <sup>(1)</sup>		1,940	) A	\$ 0 79	79,996			D	
Reminder: Re	eport on a sep	parate line for each	class of securities b	eneficially	owne	ed dire	ctly or in	directl	y.							
													of informat	tion contair	ned SEC	1474 (9-02)
												B control r				
										of, or Bene tible securi		vned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, it	f Transaction Code Security (Instr. 8) Acquired To D (D)		i. Num Derivat Securiti Acquire or Disp D) Instr. 3	vative and E		xpiration Date of United Security (No. 1) of Uni			erlying Derivative Security		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form o Derivat Security Direct ( or Indir	Benefici Ownersh (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	4)
Restricted Stock Units	\$ 0	05/19/2011		М			5,144	Ĺ	<u>2)</u>	(2)	Stock par valu \$0.01 p share	5,144 er	\$ 0	0	D	
Restricted Stock Units	\$ 0	05/19/2011		М			1,940	(	2)	(2)	Commo Stock par valu \$0.01 p share	ie 1,940 er	\$ 0	1,939	D	
Restricted Stock Units	\$ 0	05/17/2011		A	3	3,116		(	(3)	(3)	Commo Stock par valu \$0.01 p share	3,116 er	\$ 0	3,116	D	

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

MCINERNEY THOM	MAS		
1 HSN DRIVE	X		
ST. PETERSBURG,	FL 33729		

### **Signatures**

/s/ Linda C. Frazier, as attorney-in-fact	05/19/2011
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

- $\star$  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 HSN, Inc. ("HSNI") common stock acquired upon the vesting of restricted stock units.
- (2) Represents restricted stock units which vested on May 19, 2011.
- Represents a grant of HSNI restricted stock units in connection with the reporting person's continuous service as a non-employee director of HSNI. The terms of the grant provide for (3) 100% vesting on the first anniversary of the grant date i.e. on May 17, 2012. The restricted stock units will be settled 100% in shares of HSNI common stock six months following the reporting person's retirement or other termination of service as a director.

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.