FORM 4

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

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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

(1 mit of Type	responses)																
1. Name and Costello W	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) 05/17/2011								Officer (gi	ve title below)	Oth	er (specify bel	ow)	
ST. PETE	RSBURG,	(Street) FL 33729		4. If Amer	dment	Date Or	riginal	Filed(Month/E	ay/Year)		_ Form filed b	y One Reporting	p Filing(Check Person Reporting Person		ine)	
(City)		(State)	(Zip)			Table	e I - No	on-Dei	rivativ	e Securities	s Acquire	ed, Dispose	d of, or Bene	ficially Own	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year		, if Cod (Inst			4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)		of (D) O	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 5. Amount of Securities Beneficially OTHER TOTAL TO		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common S	Stock, par	value \$0.01 per	05/19/2011				Code (1)		5,14	nt (D)	Price \$ 0 3	9,603			(Instr. 4)		
Common S	Stock, par	value \$0.01 per	05/19/2011			N	Л ⁽¹⁾		1,940) A	\$ 0 4) 41,543 (2) D					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, i	4. Transac Code	, calls, tion D So A	warrant Number	cquirects, opt	n this displa d, Displa ions, c 6. Dat and Ex	oformays a converse Exer	are not recurrently von. of, or Benefitible securicisable on Date	equired to a second control of the c	orespond B control wned and Amount clying s	I unless the number.	9. Number of Derivative Securities Beneficially Owned	f 10. Owners Form o	ive Ownersh	
	Security				(I	D) nstr. 3, 4								Following Reported Transaction(Direct or India	D) rect	
					Code	V	(A)		Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares		(Instr. 4)	(Instr. 4	•)
Restricted Stock Units	\$ 0	05/19/2011		М		5,	,144	Ĺ	3)	(3)	Comm Stock par val \$0.01 p share	5,144 oer 5,144	\$ 0	0	D		
Restricted Stock Units	\$ 0	05/19/2011		М		1,	,940	۵	<u>3)</u>	(3)	Comm Stock par val \$0.01 p share	i, ue 1,940 per	\$ 0	1,939	D		
Restricted Stock Units	\$ 0	05/17/2011		A	3	,116		Ĺ	<u>4)</u>	<u>(4)</u>	Comm Stock par val \$0.01 p	i, ue 3,116	\$ 0	3,116	D		

Reporting Owners

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

	Costello William C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729	X				
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Signatures

/s/ Linda C. Frazier, as attorney-in-fact	05/19/2011		
**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 shares of HSN, Inc. ("HSNI") common stock acquired upon the vesting of restricted stock units.
- (2) Represents (i) 32,660 shares of common stock held directly by the reporting person and (ii) 8,883 deferred share units.
- (3) 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 (4) 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.