FORM 4

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

OMB APPRO\	/AL
OMB Number:	3235-0287
Estimated average bur	den
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

(1 IIII of Type	c (Coponiscs)															
Name and Address of Reporting Person FOLLO JAMES M				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner				
1 HSN DR		(First)		3. Date of 05/17/20		Transac	ction (Month	/Day/Y	Year)	-	Officer (giv	e title below)	Oth	er (specify belo	ow)
ST. PETE	RSBURG,	(Street) FL 33729	4	I. If Amer	dment,	Date Ori	riginal	Filed(Month/D	ay/Year)	_X_	Form filed by	One Reporting	p Filing(Check Person Reporting Persor	11	ne)
(City)		(State)	(Zip)			Table	I - No	on-Dei	rivativ	e Securities	s Acquired	, Disposed	of, or Bene	ficially Own	ed	
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	2A. Dee Executionary (Month/I	n Date,	if Code (Inst		etion	(A) or	urities Acque Disposed of 3, 4 and 5)	of (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 5. Amount of Securities Beneficially Ownership of Form: Direct (D) or Indirect (I)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
					.,		ode	V	Amou	(A) or (D)	Price			(Instr. 4)		
Common S share	Stock, par	value \$0.01 per	05/19/2011			М	1 ⁽¹⁾		5,144	4 A	\$ 0 18	18,220 D			D	
Common S share	Stock, par	value \$0.01 per	05/19/2011			М	1 ⁽¹⁾		1,940) A	\$ 0 20	20,160 D			D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, is	4. Transac Code	tion Se Acor	Number rivative curities quired (Dispose	quireces, opt	displa d, Displaces, constant 6. Dat and Ex	posed o	of, or Benefitible securion Date	ralid OME	d Amount	8. Price of	f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	ve Ownersh: (Instr. 4)
	Security			Code	5)	str. 3, 4,		Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares				ect
Restricted Stock Units	\$ 0	05/19/2011		М		5,	144	Ú	<u>2)</u>	(2)	Commo Stock, par valu \$0.01 pe share	e 5,144	\$ 0	0	D	
Restricted Stock Units	\$ 0	05/19/2011		М		1,	940	Ĺ	2)	(2)	Commo Stock, par valu \$0.01 pe share	e 1,940	\$ 0	1,939	D	
Restricted Stock Units	\$ 0	05/17/2011		A	3,	116		١	<u>3)</u>	(3)	Commo Stock, par valu \$0.01 pe	e 3,116	\$ 0	3,116	D	

Reporting Owners

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

FOLLO JAMES M			
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.