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* Attinella Michael				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]						5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) CAO 6. Individual or Joint/Group FilingCheck Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE (Street) ST. PETERSBURG, FL 33729			3. Date of Earliest Transaction (Month/Day/Year) 03/21/2012					X							
			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_						
(City)	,	(State)	(Zip)			Ta	ble I -	Non-Deriva	tive Securit	ies Acquired	l, Dispose	d of, or Ber	neficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if Code		(A) or		5. Amount of Owned Follov Transaction(s (Instr. 3 and 4		wing Reported s) 4)		Ownership of E	7. Nature of Indirect Beneficial Ownership Instr. 4)				
Reminder: Ro	eport on a se	parate line for eac		Derivativ	e Sec	uritie	s Acqu	Persons containe	who respond in this for plays a cure	rrently valid	required d OMB c	d to respoi	nd unless th		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date	4. Trans Code	actio	5. Num of Deri Secu Acq (A) Disp of (I (Ins	nber ivative urities uired or oosed	6. Date Exe and Expirat (Month/Day	ercisable ion Date	7. Title and of Underlyi Securities (Instr. 3 and	ng		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form of Derivative Security: Direct (D) or Indirec	Owners (Instr. 4
				Cod	e V	/ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	\$ 0	03/21/2012	03/26/2012	2 A		18		(1)	(1)	Common Stock, par value \$0.01 per share	18	\$ 0	5,741 (2)	D	
Restricted Stock Units	\$ 0	03/21/2012	03/26/2012	2 A		13		(1)	(1)	Common Stock, par value \$0.01 per share	13	\$ 0	4,065 (3)	D	
_						11		(1)	(1)	Common Stock, par value		\$ 0	3.548 (4)	D	

Reporting Owners

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

Attinella Michael C/O HSN, INC.		CAO	
1 HSN DRIVE		CAO	
ST. PETERSBURG, FL 33729			

Signatures

/s/ Linda C. Frazier, as attorney-in-fact	03/28/2012
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 rights accrued when and as the cash dividends were reinvested in securities and are exercisable and expire on the same terms as the securities to which they relate.
- (2) Represents 5,703 RSUs originally granted on February 23, 2010, 19 RSUs issued effective November 16, 2011 in connection with the company's cash dividend and 18 RSUs issued effective March 21, 2012 in connection with the company's cash dividend.
- (3) Represents 4,038 RSUs originally granted on February 9, 2011, 14 RSUs issued effective November 16, 2011 in connection with the company's cash dividend and 13 RSUs issued effective March 21, 2012 in connection with the company's cash dividend.
- (4) Represents 3,537 RSUs orignally granted on February 21, 2012 and 11 RSUs issued effective March 21, 2012 in connection with the company's cash dividend.

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.