# 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

	pe Response		*											1,-	D -1-4'	l. i CD		-(-) +- I-	_
1. Name and Address of Reporting Person* KUGELMAN STEPHANIE				2. Issuer Name <b>and</b> 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) 11/27/2012							-	Office	r (give title belo	ow)	Other (specify	below)			
(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							
		G, FL 33729	<del>)</del>	(7:-)															
(City	)	(State)		(Zip)			Ta	able I	- Non	-Der	ivative !	Securitie	es Ac	cquir	ed, Dispo	osed of, or I	<b>Beneficially</b>	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			of (I	(D) Beneficially Reported Tr		lly Owned I Transaction	ransaction(s) Form:		7. Nature of Indirect Beneficial		
					(Month/Day/Year)			ode	V	(A) (Instr. 3 and 4) or Amount (D) Price		Ownership (Instr. 4)							
Common \$0.01 per	Stock, par	r value	11/27	7/2012				9	S		975	D	\$ 52.	.47	23,751			D	
				Table II - I					quire	the f	form dis	splays a	a cui enefic	rrent	tly valid	OMB conf	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Exe	any	4. Transactic Code Year) (Instr. 8)		tion	5.		6. D	ate Exercisable Expiration Date nth/Day/Year)		7 A U S	7. Titl Amou Under Secur	le and int of rlying ities . 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct ( or Indir	Beneficia Ownersh (Instr. 4)
						Code	V	(A)	(D)	Date Exer		Expiration Date	on T	Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KUGELMAN STEPHANIE								
1 HSN DRIVE	X							
ST. PETERSBURG, FL 33729								

### **Signatures**

/s/ Linda C. Frazier, as attorney-in-fact	11/29/2012		
**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).

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.