Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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### 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 Responses)											
1. Name and Address of Reporting Person SCHMELING JUDY	2. Issuer Name <b>and</b> Ticker or Trading Symbol HSN, Inc. [HSNI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O HSN, INC., 1 HSN DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2013						X_Officer (give title below) Other (specify below) EVP & CFO			
(Street) ST.PETERSBURG, FL 33729		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			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	rity 2. Transaction Date 2. Transaction Date 2. A. Deemed 2. Transaction 2. Code 2. Co		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership					
		(Wohth/Day/Tear)	Code	v	Amount	(A) or (D)	Price	(Insu. 5 and 4)	or Indirect (I) (Instr. 4)		
Common Stock, par value \$0.01 per share	02/23/2013		M <mark>(1)</mark>		5,844	А	\$ 0	41,119	D		
Common Stock, par value \$0.01 per share	02/23/2013		F <mark>(2)</mark>		1,599	D	\$ 53.63	39,520	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion )	of Der Sec (A) Dis of (	ivative urities juired or posed D) tr. 3, 4,	nber 6. Date Exercisable and Expiration Date (Month/Day/Year) sed 3, 4,		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares				
Restricted Stock Units	\$ 0	02/23/2013		М			5,844	(3)	(3)	Common Stock, par value \$0.01 per share	5,844	\$ 0	0	D	

# **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
SCHMELING JUDY C/O HSN, INC. 1 HSN DRIVE ST.PETERSBURG, FL 33729			EVP & CFO						

## Signatures

/s/ Linda C. Frazier, as attorney-in-fact		02/26/2013
**Signature of Reporting Person	ſ	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 the company's common stock acquired upon the vesting of restricted stock units ("RSUs"). (see footnote 3 below)
- (2) Represents shares of the company's common stock withheld to cover the payment of taxes in connection with the vesting of RSUs.
- (3) All of such RSUs vested on February 23, 2013.

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.