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

| Name and Address of Reporting Person * BOYD MICHAEL C | | | | 2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | | |
|---|-----------------------------------|--|---------------------------------|--|---|---------------------|---|--|----------------------------------|---|--|--|--|--|---|--|
| 1 HSN DRI | (Last) (First) (Middle) HSN DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2013 | | | | | | Officer (give title below) Other (specify below) | | | | | |
| ST. PETER | RSBURG | (Street) | , | 4. If | f Amendmer | t, Date | Origi | nal F | iled(Month | n/Day/Year | r) | _X_ Form fil | ed by One Repo | Group Filing orting Person One Reporting | | ble Line) |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | lired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Exec any | | | Code (Instr. 8) | | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | ally Owned l Transaction | t of Securities lly Owned Following Transaction(s) | | 7. Nature of Indirect Beneficial | |
| | | | | (Moi | nth/Day/Yea | | ode | V | Amount | (A) or (D) | Price | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4) | | Ownership (Instr. 4) | | |
| Common St \$0.01 per sh | | value | 03/06/2013 | | | | S | | 2,500 | D | \$ 54.01 (1) | 10,776 | | | D | |
| • | | eparate line fo | or each class of s | curities | beneficially | owned | | • | • | | ond to | the collec | ction of inf | ormation | SEC | 1474 (9-02) |
| • | | eparate line fo | | - Deriv | vative Secur | ities A | cquire | Person the | sons wh tained in form dis | o responding this for this for Be | orm ar a curre eneficia | e not requently valid | uired to res OMB con | ormation spond unle trol numbe | ess | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | eport on a s | a. Transaction Date (Month/Day/ | Table In 3A. Deem Execution any | - Deriv (e.g., ed Date, if | • | 5. Num of Deri Secu | cquire nts, op aber vative rities nired or osed O) r. 3, | Person the ed, D tions 6. E | sons wh tained in form dis | oresponding the following the | eneficia curities | e not requently valid | OMB conf | spond unle | of 10. Owners Form o y Derivat Security Direct (or Indir | 11. Nation of Indir Benefic Owners (Instr. 4 |

Reporting Owners

| | Relationships | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| BOYD MICHAEL C | | | | | | |
| 1 HSN DRIVE | X | | | | | |
| ST. PETERSBURG, FL 33729 | | | | | | |

Signatures

| /s/ Linda C. Frazier, as attorney-in-fact | 03/07/2013 |
|---|------------|
| **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).
- This transaction was executed in multiple trades ranging in price from \$54.00 to \$54.12 per share. The price above reflects the weighted average sales price. The reporting (1) person undertakes to provide full information regarding the number of shares and prices at which the transaction was effected upon request of the SEC staff, the issuer or a security holder of the issuer.

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.