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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).
may continue. See

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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		
1. Name and Address of Reporting Person Rubel Matthew E	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 Director10% Owner				
(Last) (First) C/O HSN, INC., 1 HSN DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2013					Officer (give title below)O	ther (specify bel	ow)	
(Street) SAINT 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	2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)	Date	Execution Date, if	Code		(A) or Di	isposed o	of(D)	Owned Following Reported	Ownership	of Indirect
(Month/Day/Year			(Instr. 8)		(Instr. 3, 4 and 5)				Form:	Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

Persons who respond to the collection of information SEC 14 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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of Derivative	2. Conversion		3A. Deemed Execution Date, if	4. Transact				<ol> <li>Date Exer and Expirati</li> </ol>		7. Title and of Underlyin		8. Price of Derivative		10. Ownership	11. Nature
Security		(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	Code		Derivat		(Month/Day		Securities	ig				Beneficial
(Instr. 3)	Price of		(Month/Day/Year)			Securiti		(Wonun/Day	( i cai)	(Instr. 3 and	4)	-			Ownership
(IIISU: 5)	Derivative		(Wonth Day Tear)	(msu. o	<b>'</b>	Acquire				(msu. 5 and	<b>+</b> )	` /	2		(Instr. 4)
	Security					(A) or	a							Direct (D)	(11511)
						Dispose	ed							or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Exercisable	Expiration Date	Title	or Number of				
				Code	V	(A)	(D)				Shares				
Restricted Stock Units	\$ 0	09/13/2013		А		1,799		<u>(1)</u>		Common Stock, par value \$0.01 per share	-	\$ 0	1,799	D	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Rubel Matthew E C/O HSN, INC. 1 HSN DRIVE SAINT PETERSBURG, FL 33729	х						

### **Signatures**

/s/ Greg Henchel, as attorney-in-fact	09/17/2013
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).

Represents a grant of restricted stock units ("RSUs") in connection with the reporting person's election to the Board of Directors. The terms of the grant provide for 100% vesting on (1) the first anniversary of the grant date i.e. on September 13, 2014. The RSUs will be settled in shares of the company's 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.