# 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

1 Name on														
(Print or Type Responses)  1. Name and Address of Reporting Person * Costello William				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				
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE			, ,	3. Date of Earliest Transaction (Month/Day/Year) 05/23/2014					_	Officer (g	ive title below)	Otl	er (specify below	w)
(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				
ST. PETERSBURG, FL 33729 (City) (State) (Zip)				Table L. Non-Derivative Securities Acou					ies Acquire	ured, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	ed Date, if	3. Tran	saction 4. (A	Securities Ac ) or Disposed str. 3, 4 and  (A) o mount (D)	equired 5. Ov 5) Tr	Amount of	Securities I wing Report	Beneficially ded	5. Ownership Form:	Beneficial Ownership
							contain	s who respo ed in this fo splays a cu	orm are no	t require	d to respoi	nd unless tl		474 (9-02)
	1.		(e	e.g., puts, o	calls, wa	rrants,	options, co	sed of, or Be	neficially C urities)	wned				1
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	5. No of Deri Secu Acq (A) Disp of (I (Inst	rrants, fumber ivative urities uired or posed D) tr. 3, 4,		sed of, or Be vertible sec ercisable tion Date	eneficially C	owned d Amount ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	5. No of Deri Secu Acq (A) Disp of (I	fumber ivative arities uired or cosed D) tr. 3, 4, 5)	6. Date Ex	sed of, or Be evertible sec- ercisable tion Date y/Year)	7. Title and of Underly Securities (Instr. 3 and	owned d Amount ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	Ownershi Form of Derivativ Security: Direct (D or Indirects)	of Indirect Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Costello William C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729	X					

# **Signatures**

/s/ Harold Herman, as attorney-in-fact	05/28/2014		
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 deferred stock units ("DSUs") in connection with the reporting person's continuous service as a non-employee director of the company. The terms of the grant (1) provide for 100% vesting on the earlier of (i) the first anniversary of the grant date or (ii) the date of the company's next annual meeting of shareholders. The DSUs 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.
- (2) Includes 7,840.5126 DSUs granted and reported on previous Form 4s.

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.