FORM 4

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

OMB APPR	OVAL
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 Responses	/													
1. Name and Address of Reporting Person* FOLLO JAMES M				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
1 HSN D		(First)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2014				-	Officer (g	ive title below)	Otl	er (specify belo	w)		
(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 PersonForm filed by More than One Reporting Person				ne)
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ies Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)			Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y		3. Trans Code (Instr. 8		(A) (In:	. Securities Acquire A) or Disposed of (Instr. 3, 4 and 5)		quired 5. Amount of of (D) Owned Follo		ted	Ownership Form:	Beneficial Ownership
								containe		rm are n	ot require	d to respo	nd unless tl		474 (9-02)
			Table II - I					ired, Dispos	ed of, or Be	neficially	alid OMB c	ontrol nun	nber.		
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	tion o E S A (() C ()	warrai . Numb	nts, oper	ired, Dispos	ed of, or Be vertible securcisable ion Date	neficially urities)	Owned nd Amount lying	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	tion o E S A (() C ()	warran A. Numb of Derivati Gecurition A. or Dispose of (D) Instr. 3, and 5)	per es d d , 4,	ired, Dispos options, con 6. Date Exe and Expirat	ed of, or Be vertible securcisable ion Date y/Year)	neficially urities) 7. Title and of Underly Securities	Owned nd Amount lying	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivativ Security: Direct (D or Indirects) (I)	of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

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.