## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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

(Print or Type Re	esponses)																			
1. Name and Address of Reporting Person* HENCHEL GREGORY J				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]								ool	5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner X Officer (give title below) Other (specify below)  Chief Legal Officer, Secretary						
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015								Year)								
(Street) ST. PETERSBURG, FL 33729				4. If Amendment, Date Original Filed(Month/Day/Year)								ay/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)				Ta	ble I	- No	n-Der	ivati	ive Securities	Acquire	d, Di	sposed of	f, or Benefi	ficially Owned			
1.Title of Securi (Instr. 3)	ty		2. Transaction Date (Month/Day/Yea		A. Deemed execution Date ny Month/Day/Ye		e, if Co	Trans de str. 8		(/	4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		(D) Ov	Transaction(s) Form: (Instr. 3 and 4) Direct (D		Ownership Form:				
								Code		V A	mou	ant (A) or (D)	Price					I) Instr. 4)	Ì	
Reminder: Repor	rt on a separa	ate line for each cla		- D	)erivative	Sec	curities A	Acqui	Pe in a o	erson: this f curre	form ntly osed	ho respond to are not requalid OMB of, or Benefic	uired to control cially Ov	resp numl	pond un				1474	(9-02)
1. Title of	2.	3. Transaction	3A. Deemed	(e.	<i>g.</i> , puts, 6	call	s, warra		1			rtible securition cisable and	7. Title	and A	Amount	8. Price of	9. Number of	10.	1	1. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year	Execution Date		Code Sec (Instr. 8) Acc or I of (		of Deri Securit Acquire or Disp of (D)	curities equired (A) Disposed (D) astr. 3, 4,		Expiration Date (Month/Day/Year		ate	of Undo	of Underlying Securities Instr. 3 and 4)			Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	hip of E ive (I)	of Indirec Beneficial Ownershi (Instr. 4)
					Code	V	(A)	(D)		ate xercisal		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	4)	
Stock Appreciation Rights	\$ 65.24	02/10/2015			A		14,670	0		(1)		02/10/2025	Stoc par va \$0.01 shar	k, lue per	14,670	\$ 0	14,670	D		
Restricted Stock Units	(2)	02/10/2015			A		1,535	;		(3)		(3)	Comn Stoc par va \$0.01 shar	non k, lue per	1,535	\$ 0	1,535	D		
Reportin	g Own	iers																		
				-	D-1-4'							1								

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
HENCHEL GREGORY J C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729			Chief Legal Officer, Secretary						

## **Signatures**

/s/ Harold Herman, as attorney-in-fact	02/12/2015
**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).
- (1) The Stock Appreciation Rights vest annually, in equal installments, over a three-year period beginning on February 10, 2016.
- (2) Each Restricted Stock Unit represents a contingent right to receive one share of HSN, Inc. common stock.
- (3) All of such Restricted Stock Units vest on Febuary 10, 2018. Shares will be delivered on a one-for-one basis shortly after vesting.

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.