| FORM | 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |

(Print or Type Resp

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

| 1. Name and Address of Ro KUGELMAN STEPH | 2. Issuer Name and HSN, Inc. [HSNI | | rading | g Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---------------------------------------|--|--|-----------------------------------|--------|--|-------------------------------|---|--|--|-------------------------|
| (Last) 1 HSN DRIVE | (First) | | 3. Date of Earliest Tra 02/19/2015 | ansaction (N | fonth/ | /Day/Yea | Officer (give title below)Oth | er (specify belo | w) | | |
| ST. PETERSBURG, 1 | 2 | 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 Date (Month/Day/Ye | | | | 3. Transact Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: | Beneficial |
| | | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | 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 contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|----------------------------|---|------------|---|------|-----|----------------------------|-----|--|--------------------|--|----------------------------------|--------------------------------------|--|------------------------------------|---------------------------------------|
| | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ion | 5. Number of Derivative | | 6. Date Exer and Expirati (Month/Day | ion Date | 7. Title and Amount of | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | (1) (Instr. 4) | |
| Deferred Stock Units | \$0 | 02/19/2015 | | А | | 1,437.523 | | <u>(1)</u> | <u>(1)</u> | Common Stock, par value \$0.01 per share | 1,437.523 | \$ 0 | 11,218.428 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| KUGELMAN STEPHANIE 1 HSN DRIVE ST. PETERSBURG, FL 33729 | Х | | | | | | |

Signatures



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 rights accrued when and as the cash dividends were reinvested in securities and are exercisable and expire on the same terms as the securities to which they relate.

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.