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 | | | | | | |

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 Responses) 1. Name and Address of Reporting Person * Attinella Michael | | | | 2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|-------------------------------|--------------------------------------|-------------------------------|--|-----|----------------|------------------------------|--|---|---|---|--|------------------------|--|---|------------------|--------------------------|
| (Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2015 | | | | | | | X Officer (give title below) Other (specify below) Chief Accounting Officer | | | | | | |
| (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 | | | | | | |
| (City) | nisborio, | (State) | (Zip) | Table I - Non-Derivative Securities | | | | | ties Acqu | quired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Sec (Instr. 3) | Date Ex. (Month/Day/Year) any | | | 2A. Deemed Bexecution Date, if any (Month/Day/Year) 3. Transa Code (Instr. 8) | |) | (A) (Ins | or Disposed tr. 3, 4 and (A) count (D) | d of (D) 5) | Owned Follow Transaction(s) (Instr. 3 and 4 | |) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Derivative Conversion Dat | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, | c.g., puts, calls, d. 4. 5 Transaction of Code S (Instr. 8) A | | | s, warrants, op 5. Number | | and Expiration Date of Un (Month/Day/Year) Secur | | 7. Title of Und | ly Owned le and Amount | | | 9. Number o | Owners Form o | Ownersh y: (Instr. 4) |
| | | | | | | (Instr. and 5) | 3, 4, | Date Exer | | Expiration Date | n Title | | Amount or Number | | Reported Transaction (Instr. 4) | or India | ect |
| | | | | Code | · V | (A) | (D |) | | | | | of Shares | | | | |
| Restricted Stock Units | (1) | 03/25/2015 | | A | | 24.82 | 24 | | (1) | (1) | Stoo par v \$0.01 sha | ck, alue per | 24.824 | \$ 0 | 4,813.7 | 6 D | |
| Report | ing Ov | vners | | | | | | | | | | | | | | | |

| | Relationships | | | | | | | |
|---|---------------|--------------|--------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Attinella Michael C/O HSN, INC. 1 HSN DRIVE ST. PETERSBURG, FL 33729 | | | Chief Accounting Officer | | | | | |

Signatures

| /s/ Harold Herman, as attorney-in-fact | 03/27/2015 |
|--|------------|
| 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).

Each RSU is the economic equivalent of one share of common stock. The rights accrued when and as the cash dividends were reinvested in securities. They vest or expire on the same (1) 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.