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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

longer subject to Section 16. Form 4 or Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the may continue. See Investment Company Act of 1940 Instruction 1(b).

e Responses)															
1. Name and Address of Reporting Person* GROSSMAN MINDY F				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015						X	X Officer (give title below) Other (specify below) CEO					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		(7in)													
	. ,									-	•				
1.Title of Security (Instr. 3)		Date			e, if Co	, if Code		(A) or Dispos		of (D) Ow				Ownership orm:	Nature f Indirect eneficial
				(Month/Day/Year		Code	V	mount			nstr. 3 and 4)		0	Direct (D) Ownership or Indirect (I) (Instr. 4)	
	*****	3A. Deemed Execution Date, i	4. Transac	s, call	s, warra 5. Numb Derivativ	nts, o er of e	a curre	osed of nvertil exercise ration	, or Bendale secur able secur able	eficially Owrities) 7. Title and of Underlyi	ned Amount	8. Price of Derivative	9. Number of Derivative	10. Ownershij	11. Natur
Security (Instr. 3) or Exercise Price of Derivative Security	(Month/Day/Year)		(Instr. 8) Ador or (E (Instr. 8) Ador		Acquired or Dispo (D) (Instr. 3,	acquired (A) r Disposed of D) Instr. 3, 4,		(Securities (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
			Code	v	(A)	(D)	Date Exercisa		piration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
			Code												
	ARSBURG, Carrier of Derivative	A Address of Reporting Person IAN MINDY F (First) INC., 1 HSN DRIVE (Street) CRSBURG, FL 33729 (State) Conversion or Exercise Price of Derivative 1 Address of Reporting Person Inc. (First) (Street) (Month/Day/Year)	Address of Reporting Person* IAN MINDY F O	Address of Reporting Person IAN MINDY F IAN Middle) IAN MINDY F IAN Middle) IA	Address of Reporting Person* IAN MINDY F IAN MINDY MIN	Address of Reporting Person 2. Issuer Name and Tid HSN MINDY F HSN, Inc. [HSNI] O	Address of Reporting Person* IAN MINDY F I	Address of Reporting Person* [AN MINDY F	Address of Reporting Person * IAN MINDY F IAN MINDY F	2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015 4. If Amendment, Date Original Filed(Month/Day/Year) 09/16/2015 2. Transaction Date (Month/Day/Year) 3. Transaction Code (A) or Disposed (Instr. 8) 0. Acquired, Disposed of (D) (Instr. 3, 4, and 5) 0. Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4, and 5) 0. Derivative Securities Acquired (A) or Disposed of (Month/Day/Year) 0. Derivative Securities Acquired (A) or Disposed of (Instr. 3, 4, and 5) 0. Derivative Securities (Month/Day/Year) 0. Derivative Securities (Instr. 3, 4, and 5) 0. Derivative Securities (Instr. 3, 4, and 5)	Address of Reporting Person* IAN MINDY F I	2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Month/Day/Year) (Month/Day	And Address of Reporting Person * Land MINDY F	2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] 2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI] 3. Date of Earliest Transaction (Month/Day/Year) O9/16/2015 4. If Amendment, Date Original Filed(Month/Day/Year) OSCRSBURG, FL 33729 5. Relationship of Reporting Person(s) to (Check all applicable (Check	Address of Reporting Person.* 2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSN] 5. Relationship of Reporting Person(s) to Issuer Check all applicable) 1. Other (specify below) 1. Other (spec

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

Signatures

/s/ Harold Herman, as attorney-in-fact	09/18/2015
**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) Each RSU is the economic equivalent 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.