## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 R	esponses)														
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				
C/O HSN, IN		(First) V DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/23/2016				_X	X_ Officer (give title below) Other (specify below)  CEO						
(Street) ST. PETERSBURG, FL 33729				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		(State)	(Zip)			Table	I - N	Non-Deriva	tive Securiti	es Acquired	, Disposed o	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, r) any (Month/Day/Ye		te, if Code (Instr	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)				O Fo	wnership of Berm:	7. Nature of Indirect Beneficial Ownership
						Co	de	V Am	ount (A) or (D)	Price			(I)	or Indirect (Instr. 4) (I) (Instr. 4)	
	l <sub>a</sub>	la m		(e.g., put		ls, warrants	quire s, op	in this for a currentl ed, Dispose tions, conv	m are not re y valid OME l of, or Bene ertible securi	equired to 3 control n ficially Owr	respond u umber. ed	nless the f	on contained form displays		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion Date or Exercise Price of Derivative Security			e, if Transaction Code (Instr. 8) Ac (D) (In		Securities Acquired or Dispose (D)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		and Expiration Date Month/Day/Year)  o		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)
				Code	e V	(A)	(D)	Date Exercisab	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Units	(1)	03/23/2016		A		334.804		(1)	(1)	Commor Stock, par value \$0.01 pe share	334.804	\$ 52.46	50,517.208	D	
										Commor Stock,					

	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	03/25/2016
**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) Each Restricted Stock Unit ("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 terms as the securities to which they relate.
- Dividend equivalents on outstanding performance units awards. They vest or expire on the same terms as the PSU award to which they relate. The number of performance share units ("PSUs")

  reported represents the "target" number of PSUs including dividend equivalents to date. Each PSU represents a contingent right to receive 0-200% of that number in shares of HSN, Inc. common stock. The PSUs vest upon continued employment and achievement of specified thresholds of total shareholder return (TSR) compared to certain peers measured on December 31, 2018, as set forth in the award agreement. The award vests after the performance results are certified by the Compensation and Human Resources Committee.

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.