# FORM 4

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

OMB APPROVAL

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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 Responses)  1. Name and Address of Reporting Person * Attinella Michael				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]							ol	5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2016							ear)	X	Director 10% Owner  X Officer (give title below) Other (specify below)  Chief Accounting Officer				
(Street)											y/Year)	_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
ST. PETERSBURG, FL 33729 (City) (State) (Zip)			Table I. Non-Derivative Securities Aggre							Securities		ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if		3. Tra Code (Instra	3. Transacti Code (Instr. 8)				ired 5. An Own Tran	5. Amount of Securities Beneficially Owned Following Reported Ownership of		Beneficial Ownership				
Reminder: Repo	rt on a separa	ate line for each o	class of securities b						Persor in this display	ns who form ys a c	are not re urrently v		respond ( control n	unless the	on contain form	ed SEC	1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed					, opt	tions, co	onvert	ible securit			8 Price of	9. Number o	of 10.	11. Natur
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	Execution Date	te, if Transaction of Code S (Instr. 8)				and Expiration Date (Month/Day/Year)		of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)		Ownersl Form of Derivati Security Direct (I or Indirects)	hip of Indire Beneficia Ownersh (Instr. 4)		
				Code	ode	V	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Units	(1)	06/15/2016	5	1	A		38.827		(	<u>1)</u>	(1)	Commor Stock, par value \$0.01 per share	38.827	\$ 49.19	5,495.70	2 D	
Performance Share Units	<u>(2)</u>	06/15/2016	5	4	A		26.08		C	2)	(2)	Commor Stock, par value \$0.01 pe share	26.08	\$ 49.19	3,691.37	2 D	

	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	06/17/2016		
**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.