## 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

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 Ty	pe Response	s)																	
1. Name and Address of Reporting Person * SHEAN CHRISTOPHER W				2. Issuer Name and Ticker or Trading Symbol Liberty Interactive Corp [QVCA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner							
(Last) (First) (Middle) 12300 LIBERTY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016								X Officer (give title below) Other (specify below)  Senior Vice President and CFO							
(Street) ENGLEWOOD, CO 80112				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 Acqu							cquir	ired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	eemed tion Dat h/Day/Y		Code (Inst		v	(A) or	Dispose 3, 4 and (A) ont (D)	of (5)	(D) I	Reported Transaction(s) (Instr. 3 and 4)		ollowing	6. Ownersh Form: Direct (I or Indire (I) (Instr. 4)	ip of Be O) Ov	eneficial vnership
Series A Common	Liberty Von Stock	entures	03/15/2016				A	4		6,765	A (1	\$ (1)		72,641			D		
Series A Common	QVC Gro Stock	up	03/15/2016				A	4		22,75	5 A (1	\$ (1)		244,592			D		
Series A Liberty Ventures Common Stock												2	2,208 (2	,208 (2)		I	Sa	y 01(k) avings an	
Series A QVC Group Common Stock												]	10,219	2)		I		01(k) avings	
Reminder:	Report on a s	separate line fo	or each class of secu						Pers cont the f	ons wl ained i orm di	no resp n this f splays	orm a cu	are Irren	not requ tly valid	ction of inf ired to res OMB con	spond unl	ess	C 147	74 (9-02)
			Table II -								of, or B tible se			y Owned					
Derivative Security	2. 3. Transaction Date (Month/Day/*) Derivative Security		Execution Date, if		Code	ion 1	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		I S (	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form Deriv Securi Direct or Inc	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownershij (Instr. 4)	
					Code	v	(A)		Date Exer	cisable	Expirat Date	ion		Amount or Number of Shares					

#### **Reporting Owners**

	Relationships							
Describes Comment Name / Address	Director	10% Owner	Officer	Other				
Reporting Owner Name / Address								

SHEAN CHRISTOPHER W			
12300 LIBERTY BOULEVARD ENGLEWOOD, CO 80112		Senior Vice President and CFO	

### **Signatures**

/s/ Craig Troyer as Attorney-in-Fact for Christopher W. Shean	03/17/2016		
**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) Represents an award of restricted stock units that will vest in full on March 21, 2016.
- The number of shares reported as held in the reporting person's 401(k) is based on a statement from the Plan Administrator dated as of February 29, 2016.

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.