FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ~ | |
|----|---------------------------------------|
| Cr | neck this box if no longer subject to |
| Se | ection 16. Form 4 or Form 5 |
| ob | ligations may continue. See |
| In | struction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

| (Street) 08/22/2008 Line) X Form filed by One Ru | | | | |
|--|--------|---|--|--|
| (Last) (First) (Middle) 11115 RUSHMORE DRIVE 3. Date of Earliest Transaction (Month/Day/Year) below) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group File) (Street) 08/22/2008 X Form filed by One Restricted by More the Person | | | | |
| (Street) CHARLOTTE NC 28277 CHARLOTTE NC 2877 CHARLOTTE NC 2777 CHARLOTTE NC | . , | give title Other (specify below) | | |
| (City) (State) (Zip) | () | int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting | | |
| | (City) | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|--------|---------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311.4) |
| Common Stock | 08/20/2008 | | J ⁽¹⁾ | | 271 | A | \$ <mark>0</mark> | 271 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|---|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Reflects the acquisition of common stock, par value \$0.01, of Tree.com, Inc. "TREE") in connection with the spin-off by IAC/InterActive Corp ("IAC") of TREE, which was completed following the close of the market on August 20, 2008. The distribution of TREE common stock was effected by way of a dividend, pursuant to which holders of IAC common stock on August 11, 2008 received one-thirtieth of one share of TREE common stock for every one share of IAC common stock held.

| <u>/s/ Jacqueline Jones as</u> | |
|--------------------------------|-------------------|
| Attorney-in-Fact for Joseph | <u>02/23/2010</u> |
| <u>Levin</u> | |

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

| OMB APPROVAL | | | | | | |
|--------------------------|-----|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |