FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bure | den |
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Packey Matthew | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Tree.com, Inc. [TREE] | | | | | | | | | elationship o ck all applic Director | able) | g Pers | on(s) to Issu 10% Ov Other (s | ner |
|--|---|----------------|--|---------|---|---|---|------|--------------------------------|--------------------------------------|----------|---|---|------|---|---|---|---------------------------------|--|---------------------------------------|
| (Last) 11115 RI | (F USHMORE | irst) DRIVE | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2009 X Officer (give the below) Senior VP and | | | | | | | | | | | P and | below) | | | |
| (Street) CHARL | | C State) | 28277 (Zip) | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filir Line) X Form filed by One Rej Form filed by More the Person | | | | | | | | | e Repo | Reporting Person | | | | |
| | | Ta | ble I - Nor | n-Deriv | /ativ | /e Se | curiti | es A | Acqu | uired, I | Disp | osed of | , or B | enef | ficially | Owned | | | | |
| Date | | | 2. Trans Date (Month/ | | | 2A. Dee Executi if any (Month) | on Da | , | 3. Transac Code (I 8) | saction Disposed | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned Fo | s Illy ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) |
| Common | Stock | | | | | | | | | | | | | | | 15, | 041 | | D | |
| | | | Table II - | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution D if any (Month/Day/ | ate, T | ransa ode (| | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | ate Exerc iration Da nth/Day/\ | ate | le and | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exe | e rcisable | Ex Da | piration tte | Title | 0 0 | Amount or Jumber of Shares | | | | | |
| Restricted Stock Units | \$0 | 04/28/2009 | | | A | | 5,000 | | 02/1 | .7/2011 ⁽¹⁾ | 02 | /17/2011 ⁽¹⁾ | Comm | | 5,000 | \$0 | 10,00 | 00 | D | |
| Restricted Stock | \$0 | 04/28/2009 | | | A | | 6,250 | | 02/1 | . <mark>7/2010⁽²⁾</mark> | 02 | /17/2013 ⁽²⁾ | Comm Stock | | 6,250 | \$0 | 12,50 | 00 | D | |

Explanation of Responses:

- 1. These restricted stock units vest in full on February 17, 2011.
- $2. \ These \ restricted \ stock \ units \ vest \ in \ four \ equal \ annual \ installments \ beginning \ on \ February \ 17, \ 2010.$

/s/ Jacqueline Jones as

Attorney-in-Fact for Matthew 04/30/2009

<u>Packey</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.