SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>IAC/INTERACTIVECORP</u>	2. Date of Event Requiring Statem (Month/Day/Year) 08/08/2008	ent 7	3. Issuer Name and Ticker or Trading Symbol <u>Tree.com, Inc.</u> [TREE]					
(Last) (First) (Middle) 152 WEST 57TH STREET			I. Relationship of Reporting Perso Check all applicable) Director X	on(s) to Issue 10% Owne	er (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)			Officer (give title below)	Other (spe below)	App	olicable Line)	t/Group Filing (Check	
NEW YORK NY 10019						-	y More than One	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.01			100	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/Y	te	3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security			

Tanya M. Stanich, Assistant Secretary, IAC/InterActiveCorp

<u>08/08/2008</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 5 (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.