

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

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)												
Name and Address of Reporting Person Liberty Interactive Corp	2. Date of Event Requiring Statement (Month/Day/Y				3. Issuer Name FTD Compan	nne Ticker or Trading Symbol npanies, Inc. [FTD]						
(Last) (First) (Mi 12300 LIBERTY BOULEVARD	ddle)	12/31/2014				Issuer	Reporting Person(s) to		5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) ENGLEWOOD, CO 80112						X Director Officer (give tit below)	all applicable) _X_ 10% Owner e Other (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting Person Form filed by More than One Reporting Person			
· ·	Zip)									ed by more main one reporting Potoni		
1.Title of Security (Instr. 4)			В		int of Sec ally Owi		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu (Instr. 5	. Nature of Indirect Beneficial Ownership Instr. 5)			
Common Stock	Common Stock				,010		I	Held t	Held through wholly-owned subsidiary			
Reminder: Report on a separate line for ea Persons who unless the fo	respon	d to the c	ollection	of infe	ormatio	on contained in rol number.	this form are no	ot requi	ired to res	SEC 1473 (7-02)		
1. Title of Derivative Security (Instr. 4)	. Date Exer nd Expirati Month/Day/Ye	on Date	3. Title and A Securities Un Security (Instr. 4)		Amount of Iderlying Derivativ	Price of Derivative	Form Deriv Secur	vative rity: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable			Amour	at or Number of	Security	(D) o (I) (Instr	r Indirect			
			x f									
		100/	(Mopla									
	Director	10% Owner	Officer	Other	:							
Liberty Interactive Corp 12300 LIBERTY BOULEVARD	X	X										

Liberty Interactive Corporation By: /s/ Richard N. Baer, Title: Senior Vice President and General	al Counsel	01/09/2015
**Signature of Reporting Person		Date

If the form is filed by more than one reporting person, see $\delta\!N\tilde{u}_{}$