1. Name and Address of Reporting Person
Qurate Retail, Inc.

2. Issuer Name and Ticker or Trading Symbol
FTD Companies, Inc. [ FTD ]

5. Relationship of Reporting Person(s) to Issuer
(See Instruction at bottom of Form)
X Director
X 10% Owner
Officer (give title below)
Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
05/30/2019

4. If Amendment, Date of 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

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>05/30/2019</td>
<td></td>
<td>S</td>
<td>3,401,003 D</td>
<td>6,802,007 I</td>
<td>Direct (D)</td>
<td>Held through wholly-owned subsidiary</td>
</tr>
<tr>
<td>Common Stock</td>
<td>05/30/2019</td>
<td></td>
<td>S</td>
<td>3,401,003 D</td>
<td>3,401,004 I</td>
<td>Direct (D)</td>
<td>Held through wholly-owned subsidiary</td>
</tr>
<tr>
<td>Common Stock</td>
<td>05/30/2019</td>
<td></td>
<td>S</td>
<td>3,401,004 D</td>
<td>0 I</td>
<td>Indirect (I)</td>
<td>Held through wholly-owned subsidiary</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

** Explanation of Responses: **

1. On May 30, 2019, a wholly owned subsidiary of the Reporting Person entered into three separate stock purchase agreements pursuant to which it sold (i) 3,401,003 shares of common stock of the Issuer ("Common Stock") for an aggregate purchase price of $1.00 under the first agreement, (ii) 3,401,003 shares of Common Stock for an aggregate purchase price of $1.00 under the second agreement, and (iii) 3,401,004 shares of Common Stock for an aggregate purchase price of $1.00 under the third agreement (collectively, the "Transactions"). The Transactions closed on May 31, 2019. As a result of the Transactions, the Reporting Person ceased to beneficially own any shares of Common Stock.

/s/ Craig Troyer Senior Vice President and Assistant Secretary 06/03/2019 ** 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).


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.