FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								

Estimated average burden 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					01 \	JCCII	011 30(11)	or tile i	iivestiiiei	11 001	iipaiiy Act	01 13	- -0							
1. Name and Address of Reporting Person* ROBERTS EDWARD B						2. Issuer Name and Ticker or Trading Symbol SOHU COM INC [SOHU]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KODEI		AND B								-	•				X	Direc	ctor		10% O	wner
(Last) (First) (Middle) 300 BOYLSTON STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/26/2010										Officer (give title below)			Other (below)	(specify	
500 20 1	20101.01				4 16	· A		Data	f Original	LEilad	(Month/Da	/\/o	٥.٠١		· India	م امیام	r Joint/Group	o Filio	aa (Chaali A	nnliaahla
(Street)					. 4. 11	AIIIE	enameni	, Date o	ii Origina	riled	ו (אוטוונוו) ז	ау/ те	ar)		ine)	/iuuai o	r John/Group	p Hilli	ig (Check A	pplicable
BOSTON	I M.	Α (2116												X	Forn	n filed by One	e Rep	porting Pers	on
					.											Forn Pers	n filed by Mo	re tha	an One Rep	orting
(City)	(St	ate) (Zip)													1 013				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, o	r Be	nefici	ially	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						4 and Sec Ben Owi		Amount of curities eneficially vned Following		ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount		Pric	:e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/26	5/2010				G		77,400	(1)	D	4	60	44	3,337 ⁽²⁾	See Footnote 2		
Common	Stock		16,416 ⁽³⁾ D																	
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Trans Code			of		6. Date E Expiratio (Month/D	n Dat	е	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		of s ng e (Instr. 3	Deri Sec	Price of trivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	\ \v	(A)	(D)	Date Exercisa		Expiration Date	Title	OI N Of	r lumber						

Explanation of Responses:

- 1. Gifts by the Nancy H. Roberts Trust 2003(the "NHR Trust").
- 2. Balance in column 5 includes 117,917 shares held by the Edward B. Roberts Trust 2003, 225,420 shares held by the NHR Trust, and 100,000 shares held by the Edward B. Robert 2010 Qualified Annuity Trust #2 as of the date of this report on Form 4, and reflects transactions that occurred between May 26, 2010 and the date hereof. The reporting person is a trustee of each of these trusts.
- 3. Includes 1,445 restricted stock units granted on January 2, 2011, with 50% vesting on July 1, 2011 and 50% vesting on December 31, 2011. The restricted stock units are settleable upon vesting only in shares of common stock.

/S/ Roberts Edward B 04/28/2011

** 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.