## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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1. Name and Address of Reporting Person\*

HARRIS C MARTIN

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Se or Section 30

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	len								

pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		hours per response:		0.5	
or Section So(ii) of the investment Company Act of 1540					
2. Issuer Name and Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [ HSTM ]	ationship of Reporting Person(s) to Issuer k all applicable)				
	Director		10% Owner		
	Officer (giv	vo titlo	Other (specify	.	
3. Date of Earliest Transaction (Month/Day/Year)	below)		below)	y	

SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)   (Street) X Form filed by One Reporting Person   NASHVILLE TN 37203   (City) (State) (Zip)   Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(City)	(State)	(Zip)								
NASHVILLE	TN	37203	_		, , , , , , , , , , , , , , , , , , , ,					
(Street)				- ,	iled by One Reporting Person					
SUITE 1000			4. If Amendment, Date of Original Filed (Month/Day/Year)		Joint/Group Filing (Check Applicable					
500 11TH AVE	NUE NORT	Η								
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019	below)	below)					

## 2. Transaction 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2A. Deemed 5. Amount of 7. Nature Date Execution Date Transaction Securities of Indirect (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) (D) or Indirect (I) (Instr. 4) Beneficial Ownership Beneficially Owned Following Reported (Instr. 4) Transaction(s) (Instr. 3 and 4) (A) or (D) v Price Code Amount Common Stock 05/15/2019 \$25.7162(1) D 1,116 D 26,027 S

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secur Acqu (A) or Dispo of (D) (Instr	Derivative (Month/Day/Year) Securities Acquired (A) or Disposed		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$25.71 to \$25.72. The price reported above reflects the weighted average sales price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

## Remarks:



\*\* Signature of Reporting Person

05/16/2019

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.