FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	Γ	20E40
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL							
OMB Number:	3235-0287							
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

1. Name and Address of Reporting Person* STEAD WILLIAM						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										Relationsh heck all ap X Dire	plicable)	ing Per	rson(s) to Iss 10% Ov	
(Last) 500 11TI	H AVENUE	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020									Offic belo	er (give title w)	!	Other (s below)	pecify	
	.000	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NASHV	ILLE TI	LE TN 37203														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	tate)	(Zip)																	
		Tabl	le I - Noi	n-Deriv	/ative	Sec	curiti	es A	cquir	red, [Disp	osed o	of, o	r Ber	neficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						Execution Date,			e, Tr	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				d Secu	icially d Following	Forn (D) c	n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									C	ode	v	Amount	(A) or (D)		Price	Trans	action(s) 3 and 4)			instr. 4)
Common Stock 03/17					7/2020	/2020			М		2,587 ⁽¹⁾ A \$		\$0.0	00	29,313		D			
		Т	able II -									sed of onverti				y Owne	t			
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,	4. Transaction Code (Instr 8)		5. Number of r. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	: cisable		kpiration ate	Title		Amount or Number of Shares					
Restricted Share Units	\$0.00 ⁽²⁾	03/17/2020			M			922		(3)		(4)	Com Sto		922	\$0.00	0		D	
Restricted Share Units	\$0.00 ⁽²⁾	03/17/2020			M			879		(5)		(4)	Com Sto		879	\$0.00	879)	D	
Restricted Share	\$0.00 ⁽²⁾	03/17/2020			M			786		(6)		(4)	Com		786	\$0.00	1,57	3	D	

${\bf Explanation\ of\ Responses:}$

- 1. Shares acquired on vesting of restricted share units
- 2. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 3. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 16, 2018 in three equal installments.
- 4. Not applicable.
- 5. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 15, 2019 in three equal installments.
- 6. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 15, 2020 in three equal installments.

Remarks:

William Stead

03/18/2020

** 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.