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

Washington,	DC	20549
vvasiliilytuii,	D.C.	20343

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* Taylor Tate Deborah (Last) (First) (Middle) 500 11TH AVENUE NORTH SUITE 1000					3. D	2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020										ationship of Reporting c all applicable) Director Officer (give title below)		10% Ov Other (s below)	/ner	
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHVILLE TN 37203					_										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi							Dis					lly Owne	d				
Date					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefic	es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	unt (A) or Pr			Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			03/17	7/2020	2020		M		2,587	2,587 ⁽¹⁾ A		\$0.0	0 18	18,768		D			
		Т							uired, [s, optio						/ Owned					
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	n Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v			Date Exercisal	Date E Exercisable D		Title	Amo or Num of Shai							
Restricted Share Units	\$ 0.00 ⁽²⁾	03/17/2020			M			922	(3)		(4)	Comi		922	\$0.00	0		D		
Restricted Share Units	\$0.00 ⁽²⁾	03/17/2020			M			879	(5)		(4)	Comi		879	\$0.00	879		D		
Restricted Share	\$0.00 ⁽²⁾	03/17/2020			M			786	(6)		(4)	Comi		786	\$0.00	1,573		D		

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:

Deborah Taylor Tate

03/18/2020

** Signature of Reporting Person

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.