FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL (OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue Coo		

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* MCLAREN JEFFREY L						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	ICET SET	TRETE												_	X	Direc			10% C	Owner (specify	
(Last) 209 10TI	`	irst) (E SOUTH, SUIT)	Middle) E 450			3. Date of Earliest Transaction (Month/Day/Year) 08/14/2009										Officer (give title below)			below)		
(Street)			77000		4. If	Am	endmen	, Date o	of Original	l Filed	d (Month/Da	ay/Ye	ear)		6. Indiv Line)		r Joint/Group				
NASHVI			37203			Form filed by More than One Report Person									orting						
(City)	(5	tate) (Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	of, o	r Ben	efici	ially	Owne	ed				
			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Securi Benef Owner		cially I Following	Fori	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Pric	e		ted action(s) 3 and 4)			(Instr. 4)	
Common	Stock			08/14	1/2009)	08/14	/2009	S		16,76	5	D	\$3	3.9	20	07,665		D D		
Common	Stock			08/14	1/2009	9	08/14	/2009	S		1,000)	D	\$3	.91	20	06,665				
Common	Stock			08/14	1/2009	,	08/14	/2009	S		848		D	\$3	3.92	20	205,817 D				
		Та									sed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date, Transaction			on of		6. Date E Expiratio (Month/D	n Dat		Ame Sec Und Deri Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				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)		Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares							

Explanation of Responses:

Remarks:

Jeffrey McLaren

08/17/2009

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).