FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person* Schultz Thomas						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										eck all appli Direct	ionship of Reporting Pe all applicable) Director Officer (give title		erson(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450					03	3. Date of Earliest Transaction (Month/Day/Year) 03/17/2016										Senior Vice President					
(Street) NASHVILLE TN 37203 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	ո-Deri	vativ	e Se	curitie	s Ac	cquir	red, D	isp	osed o	f, or	Ben	eficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						2A. Deen Executio if any (Month/D	´ c	ransacti ode (Ins		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefici Owned I	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									С	ode V		Amount	(A) or (D) Pr		Price	Reporte Transac (Instr. 3	tion(s)				
Common Stock 03/18/						2016			\top	M		453 ⁽¹⁾	453 ⁽¹⁾ A		\$0.00	0 1,324			D		
Common Stock 03/18/						.6				F		148(2)		D	\$20.2	2 1,	1,176		D		
		-	Table II -									sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	te Exerc ration Da th/Day/Y	ite	Amou Secur Under Deriva		. Title and mount of ecurities Inderlying erivative Security nstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	te ercisable		xpiration ate	Title	or Nu of	Number						
Restricted Share Units	\$0.00 ⁽³⁾	03/18/2016			M			453	03/10)/2016 ⁽⁴⁾		(5)	Comr		453	\$0.00	2,567	7	D		
Restricted	* 0.00(3)	02/17/2016			_		2.026			(6)		(5)	Comr	non	2 926	¢0.00	2.02/	c	В		

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units
- 2. Shares withheld for payment of tax liability.
- 3. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 4. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 10, 2016, 20% vest on March 10, 2017, 30% vest on March 10, 2018, and the remaining 35% vest on March 10, 2019.
- 5. Not applicable.

Units

6. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 17, 2017, 20% vest on March 17, 2018, 30% vest on March 17, 2019, and the remaining 35% vest on March 17, 2020.

Remarks:

Thomas Schultz

03/21/2016

** 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.