FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	3235-0287 e burden								
hours per response:	0.5								

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

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*     Coady Trisha L  (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]  3. Date of Earliest Transaction (Month/Day/Year) 10/27/2023									all applic Directo Officer below)	ionship of Reportin all applicable) Director Officer (give title below)		10% Ov Other (s below)	wner	
500 11TH AVENUE NORTH SUITE 1000					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Senior Vice President  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) NASHV	ILLE T	N	37203											X		iled by Mor		n One Repo	I	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deri\	ative	Sec	uriti	ies Ac	quired	, Dis	posed o	of, or Be	enefici	ally	Owned	t				
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Execution Dat		on Date,	e, Transaction Dispo Code (Instr. 5)		Disposed	ties Acquii d Of (D) (In:		and Securiti Benefic		ies Fe cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o	r Price	)	Transac (Instr. 3	tion(s)			(111301.4)	
Common Stock Holding 10/27/					7/2023	′2023			М		1,283 <sup>(1)</sup> A		\$	0	22,006			D		
Common Stock Holding 10/27/2				7/2023				F		313 <sup>(2)</sup> D		\$25	.14	4 21,693			D			
		Т	able II -								osed of converti				wned		,	,		
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/Da	n Date,	4. Transa Code ( 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly c	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	r						
Restricted Share Units	\$0 <sup>(3)</sup>	10/27/2023			M			1,283	(4)		(5)	Common Stock	1,283	3	\$0	7,273		D		

## Explanation of Responses:

- 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 RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on October 27, 2023, 20% vest on October 27, 2024, 30% vest on October 27, 2025, and the remaining 35% vest on October 27, 2026.
- 5. Not applicable.

/s/ Trisha L. Coady

10/27/2023

\*\* Signature of Reporting Person Da

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

- $^{\star}$  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).

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.