FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| | Estimated average burde | en | | | | |
| | 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

| 1. Name and Address of Reporting Person* PEARSON J EDWARD | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|---|---|--|---|-------------|-------|---|---------|------|--|------|-----------------|------------------------------------|--|--|---|--|---|--|--|--|
| (Last) (First) (Middle) 123 SECRETARIAT PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2012 | | | | | | | | | X below) below) Senior Vice President | | | | | |
| (Street) HENDERSONVILLE TN 37075 (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 - Non | -Deriv | ative | Se | curitie | s Ac | quired, [| Disp | osed o | of, or Be | neficia | ılly C | Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ction 2A. Deemed Execution Date, | | | 3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3, | | | 5. Amo 4 and Securit Benefic | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) o (D) | Price | - 1 | Transaci (Instr. 3 | ction(s) | | | (111501.4) | |
| Common Stock | | | | | | | | | | | | 9,400 | | | D | | | | | |
| | | Т | able II - I (| | | | | | uired, Di , options | | | | | y Ov | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | Transaction | | | n of | | 6. Date Exe Expiration I (Month/Day | Date | Amount of | | f g Security | Der Sec | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | | piration ate | Title | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | \$0.00 ⁽¹⁾ | 03/18/2012 | | | A | | 5,000 | | (2) | | (3) | Common Stock | 5,000 | \$ | 60.00 | 5,000 | | D | | |

Explanation of Responses:

- $1.\ Each\ restricted\ stock\ unit\ (RSU)\ represents\ the\ contingent\ right\ to\ receive\ one\ share\ of\ common\ stock\ upon\ vesting\ of\ the\ unit.$
- 2. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 18, 2013, 20% vest on March 18, 2014, 30% vest on March 18, 2015, and the remaining 35% vest on March 18, 2016.
- 3. Not applicable.

Remarks:

J. Edward Pearson

03/20/2012

** 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.