FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* DENT THOMPSON						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) (Check all applicable) X Director 1				wner	
(Last) (First) (Middle) 1707 OLD HILLSBORO ROAD					3. Date of Earliest Transaction (Month/Day/Year) 04/10/2017									Officer below)	(give title		Other (s below)	specify		
(Street) FRANKLIN TN 37064					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
4			le I - Nor			_				, Dis					y Owned	1	6.0		7 Notice	
Date				2. Trans Date (Month/	th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	()	N) or D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 04				04/10	10/2017				М		6,000		A	\$3.53	67,	67,700		D		
Common Stock 04/10/					0/2017	2017			M		10,00	0	A	\$2.45	77,	,700		D		
		7	able II -								osed of onverti				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/Da	Date,	4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisa Expiration Date (Month/Day/Year		r) Amo Seci Und Deri		7. Title and Amount of Securities Jnderlying Derivative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	OI N	umber						
Employee Stock Option (right to buy)	\$3.53	04/10/2017			М			6,000	05/24/20	07 0	5/24/2017	Comm		5,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.45	04/10/2017			М			5,000	05/28/20	10 0	5/28/2017	Comn		5,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.45	04/10/2017			М			5,000	05/28/20	11 0	5/28/2017	Comm		5,000	\$0.00	0		D		

Explanation of Responses:

Remarks:

Thompson Dent

04/11/2017

** 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.