FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APP	ROVAL
l	OMB Number:	3235-02

87 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*  NEWMAN ARTHUR E							2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									eck all applic	cable) or	Person(s) to Issue		vner
(Last) 209 10Tl SUITE 4	9 10TH AVE. SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015									below)	Officer (give title below)  Executive Vice President			респу
(Street) NASHVILLE TN 37203						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Form filed by One Reporting Person Form filed by More than One Reporting				n
(City) (State) (Zip)																Persor	Person			
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ties A	cqı	uired,	Dis	posed c	of, or	3en	eficial	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,				Transaction Disposed Code (Instr. 5)			ities Acquired (A) o d Of (D) (Instr. 3, 4 a			5. Amou Securition Benefici Owned I Reporte	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A (D	) or )	Price	Transac (Instr. 3	tion(s)			(Instr. 4)			
Common	Stock		3/201	2015				M		3,029 <sup>(1)</sup> A		\$0.00	86	86,641		D				
Common Stock 03/18/2							2015			F		820 <sup>(2)</sup> D		\$25.6	9 85	85,821		D		
		7	Гable II -	Deriva	tive	Sec call	uritie s. wa	es Acc arrant	qui s, c	red, D	ispo	osed of, onverti	or B	enef curi	icially	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa	i. Tansaction Code (Instr.		5. Number 6		Date Exe	rcisa Date	ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V	(A)	(D)	Da: Ex	ite ercisable		Expiration Date	or Nu of		Number					
Restricted Share Units	\$0.00 <sup>(3)</sup>	03/18/2015			M			1,500	03/	/18/2015 <sup>(</sup>	(4)	(5)	Comm Stoc		1,500	\$0.00	1,750		D	
Restricted Share Units	\$0.00 <sup>(3)</sup>	03/18/2015			M			1,000	03/	/18/2015 <sup>(</sup>	(6)	(5)	Comm Stoc		1,000	\$0.00	3,250		D	
Restricted Share Units	\$0.00 <sup>(3)</sup>	03/18/2015			M			529	03/	/11/2015 <sup>(</sup>	(7)	(5)	Comm		529	\$0.00	2,996		D	

#### **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 18, 2013, 20% vest on March 18, 2014, 30% vest on March 18, 2015, and the remaining 35% vest on March 18, 2016.
- 5. Not applicable.
- 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 18, 2014, 20% vest on March 18, 2015, 30% vest on March 18, 2016, and the remaining 35% vest on March 18, 2017.
- 7. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 11, 2015, 20% vest on March 11, 2016, 30% vest on March 11, 2017, and the remaining 35% vest on March 11, 2018.

# Remarks:

Arthur Newman 03/19/2015

\*\* 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.