FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
l	hours per response:	0.5					

(Check this box if no longer subject to
5	Section 16. Form 4 or Form 5
C	bligations may continue. See
- 1	nstruction 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* SHMERLING MICHAEL D						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 618 CHU SUITE 2	3 CHURCH STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/28/2009										Officer (give title below) Other (specify below)					
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NASHVILLE TN 37219														X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)																						
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ad	cqui	ired, [Disp	osed c	f, or	Ben	eficial	ly Owne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Da			Code (Instr							Benefic Owned	ies For ially (D) Following (I) (n: Direct r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									-	Code	v	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock															11	112,820		D				
		1	able II - I (sed of, onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year			Amount		int of ities rlying ative S		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Owr Fori Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	e rcisable		piration ate	Title	N C	Amount or Number of Shares							
Employee Stock Option (right to buy)	\$2.45	05/28/2009	05/28/20	009	A		5,000		05/:	28/2010	05	/28/2017	Comr		5,000	\$0.00	5,000)	D			
Employee Stock Option (right to	\$2.45	05/28/2009	05/28/20	009	A		5,000		05/	28/2011	05	/28/2017	Comr		5,000	\$0.00	5,000)	D			

Explanation of Responses:

Remarks:

Michael Shmerling

05/29/2009

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).