FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPRO	JVAL					
OMB Number:	3235-0287					
Estimated average burd	len					
hours per response:	0.5					
	OMB Number: Estimated average burd					

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

						Sec	11011 30	טו נוון	e invesimen	ıı C01	iipaiiy Att	01 1940								
1. Name and Address of Reporting Person* MCLAREN JEFFREY L						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 209 10TH AVENUE SOUTH, SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2005									Officer (give title Other (sp below) below)						
(Street) NASHVILLE TN 37203				_ 4. li	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						
(City) (State) (Zip)					-										Persor					
		Tab	le I - No	n-Deri	vative	e So	ecuri	ies A	cquired,	Dis	posed c	of, or B	enefi	cially	/ Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ar)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (I	Transaction Disposed C Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	(A) or (D) Price		Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock				05/05/2005							8,000			\$2.3						
Common	Stock			<u> </u>	5/2005)5/2005			8,000			2.685		,555		D		
		٦							quired, D s, option						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. Transactio Code (Inst 8)				6. Date Exercisabl Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				i	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shai	ber						
Employee Stock Option (right to buy)	\$2.3	05/05/2005	05/05/2	05/05/2005				8,000	06/25/2000	0 0	6/25/2005	Common Stock	8,0	00	\$2.3 7,5			D		
Employee Stock Option (right to buy)	\$2.3								06/25/200	1 0	6/25/2005	Common Stock	23,9	957		23,957	7	D		
Employee Stock Option (right to buy)	\$4.06								09/02/200	0 0	9/02/2007	Common Stock	20,8	312		20,812	2	D		
Employee Stock Option (right to buy)	\$4.06								09/02/200	1 0	9/02/2007	Common Stock	20,8	312		20,812	2	D		
Employee Stock Option (right to buy)	\$1.39								05/31/200	2 0	5/31/2012	Common Stock	5,0	00		5,000	1	D		
Employee Stock Option (right to buy)	\$1.54								05/31/200	3 0	5/31/2013	Common Stock	10,0	000		10,000)	D		
Employee Stock Option (right to buy)	\$2.17								05/27/200	4 0	5/27/2014	Common Stock	5,0	00		5,000		D		

Explanation of Responses:

Remarks:

** 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.