FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Roberts Scott Alexander					HI	2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]							(Ch	eck all appli Direct Office	ationship of Reporting k all applicable) Director Officer (give title below)		10% Owner Other (specify below)			
(Last) (First) (Middle) 500 11TH AVENUE NORTH SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 05/26/2022									CFO and SVP					
(Street) NASHV			37203 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) <mark>X</mark> Form	r Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on						
		Tab	le I - Non	-Deriv	ative	Sec	curities	s Ac	quired,	Dis	osed o	of, or E	Bene	eficial	ly Owne	d				
'''' ''' '				Date	e onth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)					Benefic	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		Price	Transac (Instr. 3	tion(s)			(III3ti. 4)	
Common Stock Holding															9,618			D		
		T	able II - [						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transact Code (In					6. Date Ex Expiration (Month/Da	Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	Code	v	(A)		Date Exercisab		xpiration ate	Title	OI N Of	umber						
Restricted Share Units	\$0 <sup>(1)</sup>	05/26/2022 <sup>(2)</sup>			A		4,921		(3)		(4)	Commo		1,921	\$0	4,921		D		

## **Explanation of Responses:**

- $1. \ Each \ restricted \ share \ unit \ (RSU) \ represents \ the \ contingent \ right \ to \ receive \ one \ share \ of \ common \ stock \ upon \ vesting \ of \ the \ unit.$
- 2. The RSUs were approved by the Compensation Committee of the Board of Directors on March 23, 2022, subject to shareholder approval of the 2022 Omnibus Incentive Plan under which the RSUs were granted. HealthStream's shareholders approved the plan on May 26, 2022.
- 3. The RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 23, 2023, 20% vest on March 23, 2024, 30% vest on March 23, 2025, and the remaining 35% vest on March 23, 2026.
- 4. Not applicable.

/s/ Scott A. Roberts

05/31/2022

\*\* 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.