FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	ANGES IN	<b>I BENEF</b>	ICIAL	OWNER	RSHIP

l	OMB APPRO	VAL					
	OMB Number:	3235-0287					
	Estimated average burd	en					
	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).

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*     POLLEY DALE W  (Last) (First) (Middle)				Susuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]  3. Date of Earliest Transaction (Month/Day/Year) 05/26/2011									(Ch	eck all appli X Directo Officer	onship of Reporting Person(s) to Issuer all applicable)  Director 10% Owner  Officer (give title below) Other (specify below)				
209 10TH AVENUE SOUTH SUITE 450				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street) NASHVILLE TN 37203													- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				ative Securities Acquired, Disposed of, or Beneficially Owned															
1 Title of 9	Security (Inc			Deriva 2. Transac		_	Curities 2A. Deem		quired	, Dis					5. Amou		6. Ownersh	in :	7. Nature
Dat			Date			Execution Date if any (Month/Day/Yea		e, Tran Code	Transaction Code (Instr.					Securitie Benefici Owned F	Securities Beneficially Owned Following Reported		ct   c	of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	mount (A) or (D)		Price	Transaci (Instr. 3	tion(s)			(1130.4)	
Common Stock													6,	000	D				
		Т	able II - De								osed of converti				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 Da if any (Month/Day/	C	Transactio				6. Date Exercisa Expiration Date (Month/Day/Year		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Owner Form Direct or Inc (I) (In:	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Employee Stock Option (right to buy)	\$12.23	05/26/2011	05/26/201:	1	A		5,000		05/26/20	12 (	05/26/2019	Com		5,000	\$0.00	5,000	I	)	
Employee Stock Option (right to buy)	\$12.23	05/26/2011	05/26/201	1	A		5,000		05/26/20	13 (	05/26/2019	Com		5,000	\$0.00	5,000	I	)	
Employee Stock Option (right to buy)	\$12.23	05/26/2011	05/26/201:	1	A		5,000		05/26/20	14 (	05/26/2019	Com		5,000	\$0.00	5,000	1	)	

**Explanation of Responses:** 

Remarks:

Dale Polley

05/26/2011

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).