FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| ngton, D.C. 20549 | OMB APPROVAI |
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| OMB Number:           | 3235-0287 |
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| Estimated average bur | den       |
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   |   |  |   |        |   | <b>500th</b>  | 311 00(11 | , 01 1110   | mvestine                           | 001     | inpurity 7 to   | 01 10              |           |  |   |   |   |   |            |  |  |
|---|---|--|---|--------|---|---|-----------|-------------|------------------------------------|---------|---|--------------------|-----------|--|---|---|---|---|------------|--|--|
| 1. Name and Address of Reporting Person* PERNER FRED  |   |  |   |        | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ] |   |           |             |                                    |         |   |                    |           |  |   |   | 10% O<br>Other (  | wner  |            |  |  |
| (Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450 |   |  |   |        |   |   | of Earlie | st Trai     | nsaction (I                        | /lonth/ | Day/Year)   |                    |           | below) below)  Sr. Vice-President      |   |   |   |   |            |  |  |
| (Street)  |   |  |   |        | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |           |             |                                    |         |   |                    |           |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |   |            |  |  |
| NASHVILLE TN 37203                                    |   |  |   |        |   |   |           |             |                                    |         |   |                    |           |  |   |   |   |   |            |  |  |
| (City)  | (5  |  | (Zip)   | Doriv  | ativo   |   | ouriti    | oc A        |                                    | Dic     | nosod .   | of o               | r Por     | oficia                                 | lly Owns  |   |   |   |            |  |  |
| Date  |   |  | 2. Transa                                     | action | ar) i   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |           | 3.<br>Trans | 3.<br>Transaction<br>Code (Instr.  |         | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) |                    | d (A) or  | 5. Amo<br>Securit<br>Benefic           | unt of<br>ies<br>cially<br>Following                | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |            |  |  |
|   |   |  |   |        |   |   |           |             | Code                               | v       | Amount  | (A) or<br>(D) Pri  |           | Price                                  | Transa  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |   | (Instr. 4) |  |  |
| Common Stock  |   |  |   | 04/01  | 1/2005  |   | 04/01     | /2005       | 5 J <sup>(1)</sup>                 |         | 1,31  | 3                  | B A \$1   |  | )4 1  | 16,688  |   |   |            |  |  |
|   |   | T  | able II - I                                   |        |   |   |           |             | uired, l<br>s, optio               |         |   |                    |           |  | Owned   |   |   |   |            |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,  | 4.<br>Transactio<br>Code (Instr<br>8)                                 |   | n of      |             | 6. Date E<br>Expiratio<br>(Month/D | n Date  |   | Amo<br>Seci<br>Und |           | ecurity<br>4)                          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4)                              | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |            |  |  |
|   |   |  |   |        | Code  | v   | (A)       | (D)         | Date<br>Exercisal                  |         | xpiration<br>ate  | Title              |           | Amount<br>or<br>Number<br>of<br>Shares |   |   |   |   |            |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)      | \$3.18  |  |   |        |   |   |           |             | 02/25/20                           | 06 0    | 2/25/2013   | Com<br>Sto         |           | 8,000                                  |   | 8,000   |   | D   |            |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)      | \$3.18  |  |   |        |   |   |           |             | 02/25/20                           | 07 0    | 2/25/2013   | Com<br>Sto         | mon<br>ck | 8,000                                  |   | 8,000   |   | D   |            |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)      | \$3.18  |  |   |        |   |   |           |             | 02/25/20                           | 0 80    | 2/25/2013   | Com<br>Sto         |           | 8,000                                  |   | 8,000   |   | D   |            |  |  |
| Employee<br>Stock<br>Option<br>(right to              | \$3.18  |  |   |        |   |   |           |             | 02/25/20                           | 09 0    | 2/25/2013   | Com<br>Sto         |           | 8,000                                  |   | 8,000   |   | D   |            |  |  |

## **Explanation of Responses:**

 $1.\ Exempt\ acquisition\ pursuant\ to\ Rule\ 16b-3(c)\ -\ Health Stream,\ Inc.\ Employee\ Stock\ Purchase\ Plan.$ 

## Remarks:

Fred Perner

04/04/2005

\*\* 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.