FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-028							
Estimated average burden								
haura nar raananaa	0							

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

1. Name and Address of Reporting Person* REBROVICK LINDA				2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KEBK	JVICKI	<u> IINDA</u>										- ,				X Directo	or		10% O	wner	
(Last) (First) (Middle) 772 DARDEN PLACE				3. Date of Earliest Transaction (Month/Day/Year) 06/28/2010										Officer below)	(give title		Other (below)	specify			
					4 If	Ame	ndment	Date	of O	riginal F	iled	(Month/D	av/Yea	ar)	6.1	ndividual or .	loint/Groun	Filing	r (Check Ar	nlicable	
(Street)				"	AIIIC	marment,	Date	0, 0	zrigiriai i	iicu	(IVIOIIII)DI	Line	6. Individual or Joint/Group Filing (Check Applicable Line)								
NASHVILLE TN 37205																X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	State)	(Zip)													Persor	1				
		Tab	le I - Non-	Deriva	ative	Se	curitie	s Ac	cqui	ired, I	Disp	osed c	of, or	Ben	eficial	ly Owned	i				
1. Title of Security (Instr. 3) 2. Transc Date (Month/E			Day/Year) E:		2A. Deemed Execution Date, if any (Month/Day/Year)		е,	Code (Instr.					Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Ī	Code V		Amount	mount		Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock																20,	20,000		D		
		7	able II - D (e									sed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	ate, Ti	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				c	ode	v	(A)	(D)	Dat Exe	te ercisable		piration ate	Title	1	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$4.66	06/28/2010	06/28/20:	10	A		5,000		06/	/28/2011	06	/28/2018	Com		5,000	\$0.00	5,000		D		
Employee Stock Option (right to buy)	\$4.66	06/28/2010	06/28/20:	10	A		5,000		06/	/28/2012	06	/28/2018	Com		5,000	\$0.00	5,000		D		
Employee Stock Option (right to	\$4.66	06/28/2010	06/28/20:	10	A		5,000		06/	/28/2013	06	/28/2018	Com		5,000	\$0.00	5,000		D		

Explanation of Responses:

Remarks:

Linda Rebrovick

06/30/2010

** 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.

^{*} 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).