FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVIB APPI	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
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*     Sousa Michael						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) 500 11TI	(F H AVENUI	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024											er (give title Other /) below xecutive Vice President			′ I	
SUITE 1000					4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHV	ILLE T	N :	37203			X Form filed by One Reporting Pe Form filed by More than One Re Person												•	I		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
												tion was n s of Rule 1					ction or writter	n plan t	that is intende	ed to	
		Tab	le I - No	n-Deri	vative	Sec	uriti	ies Ac	quire	d, Di	isp	osed c	of, or	Ben	eficial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution [			Code (Instr.		on   I				(A) or 3, 4 and	Secui Bene Owne	icially d Following	Forn	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Cod	le V	,	Amount	(A (D	) or )	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock Holding 02/23/2					3/2024	2024			M			9,000	1) A :		\$0	:	51,525		D		
Common	Stock Hole	ding		02/23	3/2024				F			2,588	2)	D	\$26.8	1 4	8,937 D				
		Т	able II -									sed of, nverti				Owne	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transa Code ( 8)		n of		6. Date Expira (Month	tion Da	ate		7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and			8. Price of Derivative Security (Instr. 5)		e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Exp Dat	piration te	Title	1	Amount or Number of Shares						
Restricted Share Units	\$0 <sup>(3)</sup>	02/23/2024			M			9,000	(4	)		(5)	Comm		9,000	\$0	51,00	0	D		

## **Explanation of Responses:**

- 1. Shares acquired on vesting of restricted share units.
- 2. Shares withheld for payment of tax liability.
- 3. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 4. Vesting of these RSUs is contingent upon continued service at the time of vesting and the achievement of certain performance criteria. The performance criteria will be established on an annual basis by the Compensation Committee of the Board of Directors. 15% vest on February 23, 2024 for the period January 1, 2023 through December 31, 2023; 20% vest on February 23, 2025 for the period January 1, 2024 through December 31, 2024; 20% vest on February 23, 2026 for the period January 1, 2025 through December 31, 2025; 20% vest on February 23, 2026 for the period January 1, 2026 through December 31, 2027, Eventuary 23, 2028 for the period January 1, 2027 through December 31, 2027. Vesting is determined based on actual performance. The performance criteria for the period January 1, 2028 through December 31, 2027. Vesting is determined based on actual performance. 2023 through December 31, 2023 was achieved; therefore 15% of the awards vested on February 23, 2024.
- 5. Not applicable

/s/ Michael Sousa

02/27/2024

\*\* 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.