SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person*       2. Date of E         Schultz Thomas       Requiring St         06/16/2014		nent <sup>1</sup>	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [ HSTM ]					
(Last) (First) (Middle) 209 10TH AVE. SOUTH			4. Relationship of Reporting Perso (Check all applicable) Director	n(s) to Issue 10% Owne	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 450	-		X Officer (give title below) Senior Vice Pres	Other (spe below)	App	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) NASHVILLE TN 37203	-		Senior vice ries	ident	2	-	y More than One	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	D				
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerce Expiration Da (Month/Day/)	ate	<ul> <li>3. Title and Amount of Securit</li> <li>Underlying Derivative Securit</li> </ul>		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Remarks:

Thomas Schultz

06/18/2014 Date

\*\* Signature of Reporting Person

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 5 (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.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

KNOW ALL MEN BY THESE PRESENTS, that Thomas Schultz has made, constituted and appointed, and by these presents does make, constitute and appoint Gerard Hayden or Scott Roberts as its true and lawful attorney-in-fact, for its and in its name, place and stead, and for its use and benefit, to do all things and to execute all documents necessary to ensure compliance with Section 16 reporting requirements associated with my relationship with HealthStream, Inc. It is my intention by this instrument to grant unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever to accomplish the foregoing grant of power as shall be necessary to be done on my behalf as fully to all intents and purposes as I might or could do if I was present in person.

This power of attorney may be revoked by the undersigned only by specific revocation endorsed or written hereon, and until such revocation be endorsed or written hereon, all persons may rely upon this power of attorney as being in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand, the 16th day of June, 2014.

/s/Thomas Schultz