SEC Form 4	
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FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	ROVAL		
MR Number:	3235 029		

0 37 ber: nated average burden per response: 0.5

> 10% Owner Other (specify below)

obligations may continue. See			Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	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 [*] Fenstermacher Scott		g Person [*]	2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]		k all applicable)	rting Person(s) to Issuer		
					Director	10% Owner		
(I cot)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (give tit below)	le Other (speci below)		
(Last) (First) (Middle) 500 11TH AVENUE NORTH		(<i>'</i>	05/01/2024		Senior Vice President			
SUITE 1000			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applica Line)			
					V Form filed by One Departing Dereen			

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ce President 5 p Filing (Check Applicable S Form filed by One Reporting Person (Street) Form filed by More than One Reporting NASHVILLE 37203 TN Person Rule 10b5-1(c) Transaction Indication (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature Form: Direct (D) or of Indirect Beneficial Date Execution Date, Transaction Securities (Month/Day/Year) Beneficially if any Code (Instr. (Month/Day/Year) 8) Owned Following Indirect (I) Ownership Reported (Instr. 4) (Instr. 4) Transaction(s) (A) or (D) Price Code ۷ Amount (Instr. 3 and 4) \$26.1858(1) 05/01/2024 Common Stock Holding S 1,000 D 13,008 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Derivative Derivative Conversion Date (Month/Day/Year) Execution Date, Transaction Amount of derivative Ownership of Indirect Derivative Security or Exercise if any Code (Instr. Securities Security Securities Form: Beneficial Direct (D) or Indirect (I) (Instr. 4) Price of Derivative Securities Acquired Underlying Derivative Beneficially Owned Ownership (Instr. 4) (Instr. 3) (Month/Day/Year) 8) (Instr. 5) (A) or Disposed of (D) Security (Instr. 3 and 4) Security Following Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4)

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$26.17 to \$26.20. The price reported above reflects the weighted average sales price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Date

Exercisable

/s/ Scott Fenstermacher					05/01/2024	024

Amount Number

Shares

of

Title

Expiration

Date

** 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).

v

Code

(A) (D)

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.