FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.C. 20549	OMB APPROVAL

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

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1. Name and Address of Reporting Person* GORDON FRANK						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 3102 WEST END AVE. SUITE 650				03/	3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018									below)			Other (below)			
(Street) NASHVILLE TN 37203				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) X Form t	filed by One	e Reporting Personer than One Reporting		son			
(City)	(City) (State) (Zip)																			
c	- · · · ·		le I - No			e Se			_	Dis					y Owned				7 Notono	
1. Title of Security (Instr. 3)		2. Transa Date (Month/I		y/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.					Securiti Benefici Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or D)	Price	Transac (Instr. 3	tion(s) and 4)	<u> </u>			
Common				03/05/2018		-			M		 		A	\$2.99	151,529		D			
	on Stock			03/05/2018		-			M				\$4.66	_						
Common	Stock	-	able II -				vuritio	- A or	M wired [)ien	15,00			\$12.2 Sially		1,529		D		
											converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of Der Sec Acc (A) Dis of (posed D) str. 3, 4	6. Date E: Expiratio (Month/D	n Date	Amount of				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	nount mber ares						
Employee Stock Option (right to buy)	\$2.99	03/05/2018			M			6,000	05/29/20	08 (05/29/2018	Comi		,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$4.66	03/05/2018			M			5,000	06/28/20	11 (06/28/2018	Comi		,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$4.66	03/05/2018			M			5,000	06/28/20	12 (06/28/2018	Comi		,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$4.66	03/05/2018			M			5,000	06/28/20	13 (06/28/2018	Comi		,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$12.23	03/05/2018			M			5,000	05/26/20	12 (05/26/2019	Com: Sto		,000	\$0.00	0		D		
Employee Stock Option (right to buy)	\$12.23	03/05/2018			M			5,000	05/26/20	13 (05/26/2019	Comi		,000	\$0.00	0		D		
Employee Stock Option (right to	\$12.23	03/05/2018			M			5,000	05/26/20	14 (05/26/2019	Comi		,000	\$0.00	0		D		

Remarks:

Frank Gordon

03/05/2018

** 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.