FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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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*  Doster Jeffrey						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									(Ch	eck all appli Directo	cable) or	g Per	10% O	wner			
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 02/12/2009											X Officer (give title below) below)  Chief Technology Officer						
(Street)		N	37203		4. If	Ame	endment,	Date	of Or	riginal Fi	led (	(Month/Da	ay/Yea	r)	Lin	e)		One Reporting Person					
(City)		(State) (Zip)														Form filed by More than One Reporting Person							
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	cqui	red, D	isp	osed c	of, or	Ben	eficial	ly Owned	d						
Dat				Date			2A. Deemed Execution Date, if any (Month/Day/Year		e,   -	Code (Instr.					Securition Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
1. Title of Security (  Common Stock  1. Title of Derivative Conversi Security (Instr. 3)									•	Code \	v	Amount		(A) or (D)	Price	Transac	tion(s)			(Instr. 4)			
Common	Stock			HEALTHSTREAM INC [ HSTM ]																			
		7							•		•		•		-	Owned							
Derivative Security	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Transaction Code (Instr.		n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expi	iration D	ate	Amount of Securities Underlying Derivative		int of ities rlying ative S		Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	Owners Form: Direct ( or Indir (I) (Inst	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			
			and 5)		(D)					Title	N O	r lumber if											
Employee Stock Option (right to buy)	\$2.01	02/12/2009	02/12/20	009	A		1,500		02/1	12/2010	02	/12/2017			1,500	\$0.00	1,500		D				
Employee Stock Option (right to buy)	\$2.01	02/12/2009	02/12/20	009	A		3,000		02/1	12/2011	02	/12/2017			3,000	\$0.00	3,000		D				
Employee Stock Option (right to buy)	\$2.01	02/12/2009	02/12/20	009	A		4,500		02/1	12/2012	02	/12/2017			4,500	\$0.00	4,500		D				
Employee Stock Option (right to	\$2.01	02/12/2009	02/12/20	009	A		6,000		02/1	12/2013	02	/12/2017			6,000	\$0.00	6,000		D				

**Explanation of Responses:** 

Remarks:

Jeffrey Doster

03/02/2009

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).