П

Restricted

3. Not applicable.

Share Units \$0⁽¹⁾

Explanation of Responses:

FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

or Number

Shares

2,240

\$<mark>0</mark>

2,240

03/21/2024

Date

D

of

ļ	OMB APPROVAL										
I	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	0.5									

STATEMENT OF CHANGES IN BENEFIC	CIAL OWNERSHIP
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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* O'Hara Kevin P						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					
,											V Officer	(give title		Other (s						
(Last)	(1	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2024									below)		D	below)						
500 11T									Senior Vice President											
SUITE 1000				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)															X Form filed by One Reporting Person					
NASHVILLE TN 37203														Form filed by More than One Reporting Person				rting		
(City)	City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																			
			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.																	
		Tab	le I - Noi	n-Deriv	ative S	ecurit	ies A	cquir	red, D	isp	osed o	of, o	or Ben	eficial	ly Owned	k k				
1. Title of Security (Instr. 3) Date (Month/E					action 2A. Deemed Execution Date, if any (Month/Day/Year)			e, Ti C	, Transaction Dispose Code (Instr. 5)			urities Acquired (A) (ed Of (D) (Instr. 3, 4			or 5. Amount 4 and Securities Beneficially Owned Foll Reported		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	/	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock Holding														8,	8,478		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transacti Code (Ins 3)	on of tr. Den Sec (A) Dis of (posed D) str. 3, 4	Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

(2)

2. The RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 20, 2025, 20% vest on March 20, 2026, 30% vest on March 20, 2027, and the remaining 35% vest on March 20, 2028.

Expiration Date

(3)

Title

Comm

Stock

/s/ Kevin P. O'Hara

** 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 4 (b)(v).

03/20/2024

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

Code V

Α

1. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.

(A)

2,240

(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.