FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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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* <u>Taylor Tate Deborah</u>						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									heck all a		orting P	erson(s) to Is: 10% O	vner	
	209 10TH AVE. SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 03/20/2017									Offi bel	cer (give ti ow)	itle	Other (below)	specify	
SUITE 450						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHV	(Street) NASHVILLE TN 37203				_										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	/ative	e Se	curit	ies A	cquire	d, Dis	posed	of, o	r Bei	neficia	lly Owr	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					ar)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				d Secu Bene Own	5. Amount of Securities Beneficially Owned Following Reported		Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	v	Amount	t (A) or (D)		Price	Tran	saction(s) . 3 and 4)			(1130.4)	
Common Stock 03/20/					0/2017	/2017		М		2,66	2,668 A		\$0.0	0(1)	14,856		D			
		7	able II -								osed of convert				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year		е	r) Amou Secur Unde Deriv		Title and mount of scurities nderlying erivative Security start. 3 and 4)		deriva Securi Benefi Owned Follow Repor	ities icially d ving ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	•	Amount or Number of Shares						
Restricted Share Units	\$0.00 ⁽²⁾	03/20/2017			M			745	(3)		(4)		nmon ock	745	\$0.00		0	D		
Restricted Share Units	\$0.00 ⁽²⁾	03/20/2017			M			848	(5)		(4)		nmon ock	848	\$0.00	8	349	D		
Restricted Share	\$0.00(2)	03/20/2017			М			1 075	(6)		(4)	Con	nmon	1 075	\$0.00	2	149	D		

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units.
- 2. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 3. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 11, 2015 in three equal installments.
- 4. Not applicable.

Units

- 5. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 10, 2016 in three equal installments.
- 6. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 17, 2017 in three equal installments.

Remarks:

Deborah Taylor Tate

03/20/2017

** 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.