FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								

0.5

hours per response:

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* FRIST ROBERT A JR				2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reportin (Check all applicable) X Director				10% C	wner		
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 07/31/2012									X	belov	,	Other (specify below)				
(Street) NASHVI (City)			37203 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Trans Date (Month)					Exection Day/Year) if any		Executio if any	A. Deemed execution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) Of (D) (Instr. 3, 4			4 and Secu Bene		cially d Following	Form	nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount		(A) or (D) Price		:	Transaction(s) (Instr. 3 and 4)				(
Common Stock				07/31	7/31/2012				G ⁽¹⁾		150,00	00	D	D \$0.00		0 5,636,003			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)	ative Conversion Date rity or Exercise (Month/Day/Year) Execution Date, if any		Date,	Transaction Code (Instr. 8)		of Deriv	rities ired r osed)	6. Date E Expiratio (Month/E	n Dat	Amount of Securities Underlying Derivative Security (Instrand 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Oi Fo Di (I)	o. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	ide V (A) (D)				Expiration Date	or Numbe of Title Shares											

Explanation of Responses:

1. This transaction represents a donation to a charitable foundation.

Remarks:

Robert A. Frist

08/01/2012

** 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.