FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* REBROVICK LINDA						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]											ionship of Reporting all applicable) Director		son(s) to Iss		
(Last) (First) (Middle)						Date (/23/2		est Trai	nsac	ction (Mo	onth/[Day/Year)			Officer (give title below)		Other (s below)	specify			
500 11TH AVENUE NORTH SUITE 1000					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					
(Street) NASHVILLE TN 37203						Form filed by More than One Reporting Person													rting		
(City)	y) (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 - No	n-Deriv	/ative	e Se	curit	ies A	cqı	uired,	Dis	posed (of, or	Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Trans Date (Month)					ar)	2A. Deemed Execution Date, if any (Month/Day/Year			3. Transac Code (I 8)		4. Secur Dispose 5)	ities Ac	quirec (Instr	i (A) or : 3, 4 and	Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code V		Amount	()	A) or D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock Holding 03/23						2023			M		3,037	3,037 ⁽¹⁾ A		\$ <mark>0</mark>	51	51,683		D			
		T	able II -									osed of onverti				/ 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. Transaction Code (Instr. 8)					Date Exc xpiration lonth/Da	Date		Amou Secur Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		ate xercisabl		xpiration ate	Title		Amount or Number of Shares						
Restricted Share Units	\$0 ⁽²⁾	03/23/2023			M			946		(3)		(4)	Comn		946	\$0	0		D		
Restricted Share Units	\$0 ⁽²⁾	03/23/2023			M			943		(5)		(4)	Comn		943	\$0	944		D		
Restricted Share Units	\$0 ⁽²⁾	03/23/2023			M			1,148		(6)		(4)	Comn		1,148	\$0	2,297	7	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, 2021 in three equal installments.
- 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 17, 2022 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 23, 2023 in three equal installments.

/s/ Linda Rebrovick

03/24/2023

** 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.