## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Section obligat	this box if no longer subject to n 16. Form 4 or Form 5 ions may continue. See tion 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
	0.5							

	tions may cont ction 1(b).	inue. See		File	d pursi	uant t	o Sec	tion 16(a	a) of the S	ecurit	ies Exchar	ige Act of	1934			hours	per res	sponse:	0.5	
	. ,				or S	Sectio	on 30(ł	n) of the	Ínvestme	nt Coi	mpany Act									
1. Name and Address of Reporting Person* <u>PEARSON J EDWARD</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [HSTM]										of Reporting Person(s) to Issue cable) r 10% Owne			wner	
	209 10TH AVE. SOUTH				3. Date of Earliest Transaction (Month/Day/Year) 03/05/2015										- X Officer (give title Other (s below) below) Senior Vice President					
SUITE 450					4. lf	Ame	ndmer	nt, Date	of Origina	Filed	I (Month/D	6. Individual or Joint/Group Filing (Check Applicable								
(Street) NASHVILLE TN 37203					4. If Amendment, Date of Original Filed (Month/Day/Year)										Line) X Form filed by One Reporting Person Form filed by More than One Repor Person					
(City)	(State) (Zip)																			
		Tab	le I - No	n-Deriv	ative	Sec	curiti	ies Ac	quired,	Dis	posed o	of, or B	enet	iciall	y Owned	I				
Date				Date	:. Transaction Date Month/Day/Year		ar) 2A. Deemed Execution Da if any (Month/Day/		Code	Transaction Disp Code (Instr. 5)		. Securities Acquired (A) isposed Of (D) (Instr. 3, 4 )			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or I	Price	Reported Transaction(s) (Instr. 3 and 4)				(1150. 4)	
Common	Stock			03/05	03/05/2015				М		25,50	0 A		\$3.75	86,	526		D		
Common Stock 03					5/2015				М		9,600	9,600 A		<b>\$2.8</b>	96,	96,126		D		
Common Stock 03					5/2015				М		2,000	) A		\$ <mark>2.0</mark> 1	98,126			D		
		٦	Table II -								osed of converti				Owned					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	ed n Date,	4. Transactior Code (Instr. 8)		5. Number 6 on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)					urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) Beneficial O) Ownership ect (Instr. 4)	
					Code	v	(A)		Date Exercisat		Expiration Date	Title	or Nu of	nount mber ares						
Employee Stock Option (right to buy)	\$3.75	03/05/2015			М			8,500	03/07/200	)8 (	03/07/2015	Common Stock	<sup>1</sup> 8,	500	\$0.00	0		D		
Employee Stock Option (right to buy)	\$3.75	03/05/2015			М			8,500	03/07/200	)9 (	03/07/2015	Common Stock	<sup>1</sup> 8,	500	\$0.00	0		D		
Employee Stock Option (right to buy)	<b>\$</b> 3.75	03/05/2015			М			8,500	03/07/201	0 0	03/07/2015	Common Stock	<sup>1</sup> 8,	500	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.8	03/05/2015			М			3,200	04/04/200	)9 (	04/04/2016	Common Stock	<sup>1</sup> 3,	200	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.8	03/05/2015			М			6,400	04/04/201	0 0	04/04/2016	Common Stock	6,	400	\$0.00	0		D		

Employee Stock Option (right to buy) Explanation of Responses:

\$2.01

03/05/2015

М

2,000

02/12/2010

Remarks:

2,000

\$0.00

Common Stock

02/12/2017



0

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.