Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Numbe

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person* GORDON FRANK						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								(Ch	eck all applic	all applicable) Director		g Person(s) to Issuer 10% Owner	
	B102 WEST END AVE. SUITE 650 Street) NASHVILLE TN 37203					3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015									Officer below)	(give title	Other (spe below)		specify
(Street)						f Ame	endme	nt, Date	of Original	Filed	(Month/Da	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(-19)				n-Deriv	vative	e Se	curit	ies A	cauired.	Dis	posed o	of. or	Ben	eficial	y Owned				
1. Title of Security (Instr. 3) 2. Tra				2. Trans	saction	ear)	2A. De Execut if any		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securitie Beneficie Owned F	5. Amount of Securities Form Beneficially (D)		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	nount (A) or Pr			Transact				(Instr. 4)
Common Stock			03/18	3/2015				М		2,745	2,745 ⁽¹⁾ A		\$0.00) 114	,268		D		
		1	Гable II -						quired, C s, optior						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisal 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. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e O s Fe illy D oi	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)				Expiration Date	Title		Amount or Number of Shares					
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015			M			1,000	03/18/2015	5(3)	(4)		imon ock	1,000	\$0.00	0		D	
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015			M			1,000	03/18/2015	(5)	(4)		imon ock	1,000	\$0.00	1,000		D	
Restricted Share Units	\$ 0.00 ⁽²⁾	03/18/2015			M			745	03/11/2015	(6)	(4)		imon ock	745	\$0.00	1,490		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 18, 2013 in three equal installments.
- 4. Not applicable.
- 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 18, 2014 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 11, 2015 in three equal installments.

Remarks:

Frank Gordon

03/19/2015

** 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.