FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |
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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

|   |   |  |   |         | - 01  | 0000   | 511 50( | 11, 01 1110 | ٧                | Stillelit                        |  | ipariy Act       | 0. 1040  |                                     |   |   |  |   |  |  |
|---|---|--|---|---------|---|--|---------|-------------|------------------|----------------------------------|--|------------------|--|-------------------------------------|---|---|--|---|--|--|
| 1. Name and Address of Reporting Person*  O'Hara Kevin P                            |   |  |   |         | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ] |  |         |             |                  |                                  |  |                  |  | (Cr                                 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify |   |  |   |  |  |
| (Last) 209 10T  | H AVENUI  | *  | (Middle)                                      |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2011  |         |             |                  |                                  |  |                  |  |                                     |   | X below   |  | ce Pr   | below)   | specify  |
| (Street) NASHV  |   |  | 37203<br>(Zip)                                |         | 4. 11   | 4. If Amendment, Date of Original Filed (Month/Day/Year)     5. Individual or Joint/Group Filing (Check App Line)     X Form filed by One Reporting Person     Form filed by More than One Report Person |         |             |                  |                                  |  |                  |  |                                     |   |   | n  |   |  |  |
|   |   | Tab  | le I - Noi                                    | n-Deriv | /ative  | e Se   | curit   | ies Ad      | canii            | red. F                           | )isi   | nosed c          | of. or   | Ben                                 | eficial   | ly Owne   | d  |   |  |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   | action  | ar)   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |         | 3.<br>c, Ti | 3.<br>Transactio |                                  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                  | (A) or   | 5. Amo<br>Securi<br>Benefi<br>Owned | unt of<br>ies<br>cially<br>Following  | Forn<br>(D) c                                       | n: Direct<br>or Indirect<br>nstr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |   |  |   |         |   |  |         | С           | ode \            | ,                                | Amount   |                  | (A) or Pri   |                                     |   | ea<br>ction(s)<br>3 and 4)                          |  |   | (Instr. 4)   |  |
| Common Stock 02/25.   |   |  |   |         | 5/2011  | 2011 02/25/2011  |         |             |                  | М                                |  | 10,000 A         |  | \$1.31                              | .5 1  | 15,000  |  | D   |  |  |
|   |   | 7  |   |         |   |  |         |             |                  |                                  |  | sed of           |  |                                     |   | Owned   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemd<br>Execution<br>if any<br>(Month/Da | Date,   |   | ransaction<br>Code (Instr.   |         |             |                  | ate Exer<br>iration I<br>nth/Day | ate  | ble and          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |                                     |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>lly                                       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   |         | Code  | v  | (A)     | (D)         | Date<br>Exer     | e<br>rcisable                    |  | xpiration<br>ate | or<br>Nu<br>of   |                                     | lumber  |   |  |   |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)                                    | \$1.315   | 02/25/2011                                 | 02/25/2                                       | 2011    | М   |  |         | 5,000       | 04/1             | 16/2007                          | 04   | 4/16/2011        | Comm   |                                     | 5,000   | \$1.315   | 0  |   | D  |  |
| Employee<br>Stock<br>Option<br>(right to  | \$1.315   | 02/25/2011                                 | 02/25/2                                       | 2011    | M   |  |         | 5,000       | 04/1             | 16/2006                          | 04   | 4/16/2011        | Comm   |                                     | 5,000   | \$1.315   | 0  |   | D  |  |

**Explanation of Responses:** 

Remarks:

buy)

Kevin O'Hara

02/28/2011

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).