FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

OMB APPROVAL									
OMB Number:	3235-028								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MCLAREN JEFFREY L					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										(Ch	Relationship of \mathbf{X} Directors	cable)	g Pers	son(s) to Iss 10% Ov	
(Last) 209 10T	,	*	(Middle) JTH, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015										Officer (give title below)		Other (s below)	specify
(Street) NASHV			37203		4. 11	f Am	endme	nt, Date	e of O	riginal F	Filed	(Month/Da	ay/Yea	ar)	Line	X Form f	iled by One	e Repo	g (Check Ap orting Perso n One Repo	n
(City)	(5	•	(Zip)	n Doris	, ativ		ourit	ios A	caui	irod l	Dic	nosod o		r Pon	oficial	ly Owner	1			
1. Title of Security (Instr. 3) 2. T Dat				2. Trans Date (Month/	action		2A. Deemed Execution Date, if any (Month/Day/Year			3. Transaction Code (Instr.					(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership
										Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock			03/18/2015		5				M		2,745	(1) A	A	\$0.0	18,212		D			
		٦	Гable 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. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		Expiration Date	Title		Amount or Number of Shares					
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015			M			1,000	03/1	18/2015 ⁽	3)	(4)		nmon ock	1,000	\$0.00	0		D	
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015			M			1,000	03/1	18/2015 ⁽	5)	(4)		nmon ock	1,000	\$0.00	1,000		D	
Restricted													Com							

Explanation of Responses:

\$0.00⁽²⁾

1. Shares acquired on vesting of restricted share units.

03/18/2015

- $2. \ Each \ restricted \ share \ unit \ (RSU) \ represents \ the \ contingent \ right \ to \ receive \ one \ share \ of \ common \ stock \ upon \ vesting \ of \ the \ unit.$
- 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.

03/11/2015(6)

4. Not applicable

Share

Units

- 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:

Jeffrey McLaren

** Signature of Reporting Person

Stock

745

\$0.00

03/19/2015

Date

1,490

D

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.