FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 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*  SHMERLING MICHAEL D					2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															X Directo	or		10% O	wner		
(Last) (First) (Middle) 618 CHURCH STREET						3. Date of Earliest Transaction (Month/Day/Year) 08/09/2013									Officer (give title below)		Other ( below)		specify		
SUITE 200					4. 11	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) NASHVILLE TN 37219															X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)															Person						
		Tab	le I - Non	-Deriv	ative	e Se	curit	ies Ad	cquired,	Dis	posed c	of, or	Ben	eficial	ly Owned	ł					
Date				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst					Benefici Owned F	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		N) or D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 08/09						/2013			М		15,00	00	A	\$4.6	66 123,437		D				
		7	able II - [												Owned						
			<u> </u>			calls	<del>-</del>		s, option					rities)	1				1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (right to buy)	\$4.66	08/09/2013			М			5,000	06/28/201	1 0	6/28/2018	Comn		5,000	\$0.00	0		D			
Employee Stock Option (right to buy)	\$4.66	08/09/2013			М			5,000	06/28/201	2 0	6/28/2018	Comn		5,000	\$0.00	0		D			
Employee Stock Option (right to	\$4.66	08/09/2013			М			5,000	06/28/201	3 0	6/28/2018	Comn		5,000	\$0.00	0		D			

**Explanation of Responses:** 

Remarks:

**Michael Shmerling** 

08/12/2013

\*\* 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> 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).