FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	ourden								

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* STEAD WILLIAM					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				1-										X	Directo	r 10% Owr		vner		
(Last) 211 WIL	(F	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/30/2012										Officer below)	(give title		Other (s below)	specify
		4. 11	f Ame	ndmei	nt, Date	of Or	riginal Fi	led	(Month/Da	1	6. Individual or Joint/Group Filing (Check Applicable									
(Street) NASHV	ILLE TI	N	37205											Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)		-											Persor		e tnar	n One Repo	rting
		Tah	le I - Noi	n-Deriv	zative	S S S S	rurit	ίρς Δα	-aui	ired D	ier	need o	of or Re	nefic	ially	Owner				
c			16 1 - 1401			_					,ish							6.0		7. 11-1
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,				Code (Instr. 5)				and Securities Beneficiall Owned Fol		s Form ally (D) collowing (I) (II		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	<i>,</i>	Amount	(A) o (D)	r Pric	Reporte Transac (Instr. 3		tion(s)			(Instr. 4)
Common Stock 10/30				0/2012	2012				M		5,000 A S		\$1	.54	18,700			D		
		7	able II -										, or Ben ble secu			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.		ı of		Pate Exercipate Diration Dirat	ate		And 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	. Price of perivative security nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	le V	(A)	(D)	Date Exe	e ercisable	Ex Da	piration ate	Title	Amou or Numb of Share	er					
Employee Stock Option (right to	\$1.54	10/30/2012			М			5,000	05/3	/30/2003	05	/30/2013	Common Stock	5,00	0	\$0.00	5,000		D	

Explanation of Responses:

Remarks:

William Stead

10/31/2012

** 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.