FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFI	CIAL OWNE	RSHIP

OMB A	PPROVAL
OMB Number:	3235-0287
Estimated avera	age burden
hours per respe	nco: 0 F

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* <u>HARRIS C MARTIN</u>					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 209 10T	H AVE. SO	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/19/2018								Officer (give title Other (speci below) below)						
, JUIL 4					4. If	Ame	ndmer	ıt, Date	of Original	Filed	(Month/D	ay/Year)		6. Ir		Joint/Group	Filing	g (Check App	plicable
(Street) NASHV	ILLE T	N	37203													filed by More		orting Person n One Repor	
(City)	(S	State)	(Zip)																
		Tab	le I - Nor	n-Deriv	ative	Sec	uriti	ies Ac	quired,	Dis	posed (of, or E	 Sene	ficial	ly Owne	t			
Date			2. Transa Date (Month/D		Execution Date,			Code (Instr. 5)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	t (A) or Pr		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 03/1				03/19/	/2018			М		2,846 ⁽¹⁾ A \$		\$0.00) 28	28,209		D			
		Т	able II -						uired, D s, optior			•		-	Owned				
1. Title of Derivative Security 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date (Month/Day/Year) 34. Deemed Execution Date (Month/Day/Year) 35. Transaction Date (Month/Day/Year) 36. Transaction Date (Month/Day/Year)		Date, T	4. S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and 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)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				,	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber					
Restricted Share Units	\$0.00 ⁽²⁾	03/19/2018			M			849	(3)		(4)	Commo Stock	n 8	349	\$0.00	0		D	
Restricted Share Units	\$0.00 ⁽²⁾	03/19/2018			M			1,075	(5)		(4)	Commo Stock	n 1,	,075	\$0.00	1,074		D	
Restricted Share	\$0.00 ⁽²⁾	03/19/2018			М			922	(6)		(4)	Commo	n ç	922	\$0.00	1,844		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 10, 2016 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 17, 2017 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 16, 2018 in three equal installments.

Remarks:

C. Martin Harris

03/19/2018

** 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.