FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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3235-0287 OMB Number: 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

					or	Section	n 30(l	n) of the	e Invest	ment (Company Act	of 1940							
1. Name and Address of Reporting Person* NEWMAN ARTHUR E						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								5. Relationship of Reporting (Check all applicable) Director X Officer (give title			g Perso	Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 08/02/2013							Λ	below)		ice Pr	below) resident			
(Street) NASHVILLE TN 37203					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Apline) X Form filed by One Reporting Person Form filed by More than One Reporting Person Filed By More than One Report Person Filed By More By More Person Filed By More Perso								n					
(City)	/) (State) (Zip)					Person													
			le I - 1			_			-	ed, D	isposed (ially					
1. Title of Security (Instr. 3)			2. Transact Date (Month/Dat		Execu ear) if any		Deemed ution Date, / th/Day/Year)				s Acquired (A) or f (D) (Instr. 3, 4 and		l 5)	5. Amo Securit Benefic Owned Reporte	es ially Following	Form: (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transad (Instr. 3	ction(s)			
Common				08/02/2		3		M		3,437	A		\$2.01		5,442		D		
Common					08/02/2013				M		12,000	A		\$3.58		7,442		D	
Common	Stock			08/02/2	2013	3		S		47,437	D	\$31.8	31.8201(1)		130,005		D	Held by	
Common Stock													1,000				Children		
		T	able								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		action (Instr.	of Deri Sec Acq (A) o Disp	oosed D) tr. 3, 4		ation D		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numl of Share	oer					
Employee Stock Option (right to buy)	\$2.01	08/02/2013			M			3,437	02/12	//2013	02/12/2017	Commor Stock	3,43	37	\$0.00	0		D	
Employee Stock Option (right to buy)	\$3.58	08/02/2013			М			2,000	02/11	/2011	02/11/2018	Commor Stock	2,00	00	\$0.00	0		D	
Employee Stock Option (right to buy)	\$3.58	08/02/2013			М			4,000	02/11	/2012	02/11/2018	Commor Stock	4,00	00	\$0.00	0		D	
Employee Stock Option (right to buy)	\$3.58	08/02/2013			М			6,000	02/11	/2013	02/11/2018	Commor Stock	6,00	00	\$0.00	0		D	

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$31.50 to \$31.94. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Remarks:

Arthur Newman

08/02/2013

** Signature of Reporting Person

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.

^{*} 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).