### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APPROVAL							
OMB Number:	3235-0287						
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).

# 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*  NEWMAN ARTHUR E  (Last) (First) (Middle)  209 10TH AVE. SOUTH						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]  3. Date of Earliest Transaction (Month/Day/Year) 05/02/2013									all app Direct Offict below	olicable) ctor er (give title w)		Owner (specify )		
SUITE 48 (Street) NASHVI	50 LLE T	N 3	37203 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 a		and 5) Sec Ber Ow		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(11150: 4)			
Common	Stock			05/02/2	2013				S		3,862	D	\$22.5	541 <sup>(1)</sup>	1	73,143	43 D			
Common	on Stock 1,000						I	Held by Children												
		Та	ble II								osed of, convertib				vned	•		,		
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					nsaction de (Instr.   C		osed	6. Date Expirat (Month	tion Da	Year) Securiti Underly Derivati		t of ies ring	Deriv Secu (Inst	rative rity Secu (5) Bene Owner Follo Repo	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Сог		Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares								

#### Explanation of Responses:

## Remarks:

Arthur Newman 05/03/2013

\*\* Signature of Reporting Person Dat

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.

<sup>1.</sup> This transaction was executed in multiple trades at prices ranging from \$22.50 to \$22.55. 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.