FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHA | NGES IN | BENEFICIAL | OWNERSHIP |
|-----------|--------|---------|------------|------------------|

OMB APPROVAL 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

| Sousa I | 9 10TH AVE. SOUTH | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2013 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | X X | all applii Directo Officer below) | cable) or (give title Senior Vic | 10% C | | owner (specify |
|--|--|------------|--|----------|------------------------------|--|---|--------|--|-------------------------|--|-----------------|---------------------------------------|--|--|----------------------------------|---|---|-------------------|
| (Street) NASHV | | tate) | 37203 (Zip) | | - | Line) X F | | | | | | | | Form f Form f Persor | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - N | on-Deriv | ative | Sec | urit | ies Ac | quire | d, Di | sposed o | | | ally | Owned | <u> </u> | | | |
| Date | | | 2. Transac Date (Month/Da | | //Year) Exe | | 2A. Deemed Execution Date, f any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | and 5) Securiti Benefic | | ies For cially (D) Following (I) (I | | n: Direct or Indirect instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 04/29/20 | | | 2013 |)13 | | М | | 3,363 | A | \$2. | .8 41 | | 1,839 | | D | | | | |
| Common Stock 04/29/2 | | 2013 | 13 | | S | | 3,363 | D | \$22.8 | 2.814 ⁽¹⁾ 38 | | 3,476 | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | | 3A. Dee Execution if any (Month/ | med | 4. Transa Code (8) | ection | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Employee Stock Option (right to | \$2.8 | 04/29/2013 | | | M | | | 3,363 | 04/04/2 | 012 | 04/04/2016 | Common Stock | 3,363 | 3 | \$0.00 | 0 | | D | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$22.63 to \$23.00. The price reported above reflects the weighted average purchase 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:

05/01/2013 Michael Sousa

** Signature of Reporting Person

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.