SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number: 3235-0287									
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1. Name and Addres	ss of Reporting Perso	n*	2. Issuer Name and Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [HSTM]		tionship of Reporting Perso all applicable) Director	n(s) to Issuer 10% Owner Other (specify below)
(Last) 772 DARDEN F	(First) PLACE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015		Officer (give title below)	
·			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (Check Applicable
(Street) NASHVILLE	TN	37205		X	Form filed by One Report Form filed by More than (0
(City)	(State)	(Zip)			Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/18/2015		М		2,745 ⁽¹⁾	Α	\$0.00	16,745	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exerci Expiration Dat (Month/Day/Ye	e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015		М			1,000	03/18/2015 ⁽³⁾	(4)	Common Stock	1,000	\$0.00	0	D	
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015		М			1,000	03/18/2015 ⁽⁵⁾	(4)	Common Stock	1,000	\$0.00	1,000	D	
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2015		М			745	03/11/2015 ⁽⁶⁾	(4)	Common Stock	745	\$0.00	1,490	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 18, 2013 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 18, 2014 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 11, 2015 in three equal installments. **Remarks:**

Linda Rebrovick

** Signature of Reporting Person Date

03/19/2015

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.