FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 2	20549
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OMB APPRO	DVAL				
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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*  POLLEY DALE W					Issuer Name and Ticker or Trading Symbol     HEALTHSTREAM INC [ HSTM ]  3. Date of Earliest Transaction (Month/Day/Year)								(Che	eck all appli	fficer (give title		son(s) to Iss 10% Ov Other (s below)	ner		
(Last) (First) (Middle) 209 10TH AVENUE SOUTH					05/28/2009									Below			Belowy			
SUITE 450  (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
	NASHVILLE TN 37203  (City) (State) (Zip)														Form filed by More than One Reporting Person					
(City)	(3)		(Zip) 	erivativ	/e Se	curitie	s Ad	cauirea	I. D	ispos	ed o	of. or B	ene	ficiall	v Owne					
1. Title of Security (Instr. 3) 2. Tr					_	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transac Code (Ir		4. Secui		ities Acqu d Of (D) (I	ired (	A) or	5. Amou Securiti Benefici Owned	int of es ially Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						Cod	e v	Am	ount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
Common Stock															5,	5,000		D		
		7	able II - Der (e.g					quired, s, optic							Owned					
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/Yea	Code	saction e (Instr	action of E			6. Date Exercisable a 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)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owi For Illy Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisa	able	Expira Date	tion	Title	or Nu of	nount mber ares						
Employee Stock Option (right to buy)	\$2.45	05/28/2009	05/28/2009	A		5,000		05/28/2	010	05/28/2	2017	Common Stock	5,	,000	\$0.00	5,000	)	D		
Employee Stock Option (right to buy)	\$2.45	05/28/2009	05/28/2009	A		5,000		05/28/2	011	05/28/2	2017	Common Stock	5,	,000	\$0.00	5,000	)	D		

**Explanation of Responses:** 

Remarks:

**Dale Polley** 

05/29/2009

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).