FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	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

Name and Address of Reporting Person* HINDS RON					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 4535 SO	(F OUTH CAR	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year) 8/08/2003									Officer	Officer (give title below)		Other (s below)	·	
(Street) FRANK (City)		N tate)	37064 (Zip)		_ 4.	4. If Amendment, Date of Original Fi					(Month/Da	ay/Year)		Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	le I - Noi	n-Deriv	vativ	e Se	curities	s Ac	quired,	Disp	osed o	f, or B	enefi	cially	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/)				2A. Deemed Execution Date, if any (Month/Day/Year)			Code (I	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			4 and Securities Beneficial Owned Fo		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
										v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock															0		D			
			Table II -						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration late	Title	or	ount nber ires						
Employee Stock Option (right to buy)	\$2.45	08/08/2003			A		10,000		08/08/200	3 0	8/08/2013	Commo Stock	ⁿ 10,	.000	\$2.45	10,000	0	D		

Explanation of Responses:

Remarks:

Ron Hinds

09/29/2003

** Signature of Reporting Person

Date

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.