FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|---|----|-------|------|-----|---|
| 1 | | | | | _ |

3235-0287 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).

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* <u>DENT THOMPSON</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | | (Che | elationship eck all appli C | cable) | g Pers | son(s) to Issi 10% Ow | | |
|---|---|--|---|---------|--------|---|-------|--------|--------------|----------------------------------|--|--------------------|-------------------------------------|---|--------------------------------------|---|--|-------------------------------------|--|--|--|
| (Last) 1707 OL | • | rst) ORO ROAD | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2014 | | | | | | | | | | Office below | (give title | | Other (s below) | pecify | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FRANKLIN TN 37064 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | e Se | curit | ies Ad | cqu | uired, | Dis | posed c | of, or E | Bene | ficiall | y Owne | t | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date | | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es ially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A (D | or | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 03/18/ | | | 8/2014 | 2014 | | | | М | | 2,000 ⁽¹⁾ A | | \$0.00 | 57 | 57,394 | | D | | | | | |
| | | ٦ | Гable II - | | | | | | | | | osed of onverti | | | | Owned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction code (Instr. | | | | Date Exe piration onth/Day | Date | | Amour Securi Underl Deriva | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisabl | | Expiration Date | Title | O N O | lumber | | | | | | |
| Restricted Share Units | \$0.00 ⁽²⁾ | 03/18/2014 | | | M | | | 1,000 | 03/ | /18/2014 | (3) | (4) | Comm Stock | | 1,000 | \$0.00 | 1,000 | | D | | |
| Restricted Share Units | \$0.00 ⁽²⁾ | 03/18/2014 | | | M | | | 1,000 | 03/ | /18/2014 | (5) | (4) | Comm Stock | | 1,000 | \$0.00 | 2,000 |) | 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.

Remarks:

Thompson Dent

03/19/2014

** 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.