SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

GORDON FRANK Interaction (Month/Day/Year) X Director 10% O (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (below) 500 11TH AVENUE NORTH SUITE 1000 Officer (give title below) Other (below)	(Street)				Line)		
GORDON FRANK Intraction (Month/Day/Year) X Director 10% O (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (below) 500 11TH AVENUE NORTH SUITE 1000 Officer (give title below) Other (below)	(Street)						
GORDON FRANK Interactive first (First) (Middle) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 500 11TH AVENUE NORTH 06/10/2021 SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Article)	(Street) NASHVILLE	TN	37203		X		
GORDON FRANK IIIEALITISTICEANTINC [INSTN] X Director 10% O (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (below) 500 11TH AVENUE NORTH SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line)	l` <i>′</i>	TN	37203			Form filed by More th	
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GORDON FRANK Interactive fixed [Institute [Institute [Institute]]] X Director 10% O (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (below)) Other (below) 500 11TH AVENUE NORTH SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line)	NASHVILLE	TN	37203				
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GORDON FRANK Interaction (Month/Day/Year) X Director 10% O (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) X Director 10% O		NUE NORTH		00/10/2021			
I GORDON FRANK	(Last)	(First)	(Middle)		1	(0	Other (specify below)
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading Symbol HEALTHSTDEAM INC [LICTM] (Check all applicable)		1 0	CISUT	HEALTHSTREAM INC [HSTM]	1 `	,,	10% Owner

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)	3. Transa Code (8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150.4)
Common Stock	06/10/2021		Α		378(1)	Α	\$26.49	193,075	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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	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			Date Exercisable	Expiration Date	Amount or Number of Title Shares				

Explanation of Responses:

1. Shares represent stock the reporting person elected to receive in lieu of cash payable for service on the Company's Board of Directors.

Remarks:

Frank E. Gordon

** Signature of Reporting Person Date

06/10/2021

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.