FORM 4

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						

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

1. Name and Address of Reporting Person* FRIST ROBERT A JR			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) (First) 209 10TH AVE. SOUTH SUITE 450	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/14/2008					X	X Officer (give title Other (specify below) CEO							
(Street) NASHVILLE TN	37203			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)									. 5.55						
	le I - Non					1	Dis	_						C. Communities	7 Notice of	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,	3. Transaction Code (Instr. 8)				4 and Secur Benef		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)		(III3III 4)	
Common Stock		11/14/	2008	11/14	1/2008	P		5,000	A		\$2.53	5,7	54,340	D		
Common Stock		11/14/	2008	11/14	1/2008	P		5,000	A		\$2.54	5,7	59,340	D		
Common Stock												10	0,000	I	The Carolyn Marie Frist 2005 Vested Trust	
Common Stock												10	0,000	I	The Cate Merriman Frist 2005 Vested Trust	
Common Stock												10	0,000	I	The Eleanor Knox Frist 2005 Vested Trust	
Та	able II - D (e	erivativ	ve Se	curities Ils, war	Acqu rants,	ired, D option	ispo	sed of, o	or Ber le sec	nefic uriti	ially O es)	wned				
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution D if any (Month/Day/Year) (Month/Day/Year)		d 4. Date, Transaction Code (Instr.		5. N of of Sec Acq (A) Disp of (I	5. Number 6		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. F Der Sec (Ins	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Responses:		C	Code V	/ (A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					

Remarks:

Robert A. Frist

11/18/2008

** Signature of Reporting Person

Date

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.

^{*} 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).