FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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*     GORDON FRANK						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]										ck all appli	tionship of Reporting all applicable) Director		Person(s) to Issuer 10% Owner	
(Last) 3102 WE SUITE 6	EST END A	•	(Middle)		3. Date of Earliest Transaction (Mc 03/18/2014					nth/[	n/Day/Year)					Officer (give title below)		Other (s below)	specify	
					- 4. i	f Ame	endmei	nt, Date	of C	Original I	-iled	(Month/Da	ay/Year)		6. In Line		loint/Group	Filing	(Check Ap	plicable
(Street)	ILLE T	N	37203												2	_	iled by Mor	•	orting Person	
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies A	cqı	uired,	Dis	posed o	of, or I	3ene	ficiall	y Owned				
		2. Trans Date (Month/	action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		'	3. Transac Code (li 8)					es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A	) or )	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			03/18	8/201	4				M		2,000	(1)	A	\$0.00	108	3,023		D	
		-	Γable ΙΙ -									osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		rcise (Month/Day/Year) if a of tive		Date,		Transaction Code (Instr.		n of E		6. Date Exercisal Expiration Date (Month/Day/Year)		Amo Secu Undo Deriv		7. Title and Amount 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 Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da:	ite ercisable		Expiration Date	Title	O N O	umber					
Restricted Share Units	\$0.00 <sup>(2)</sup>	03/18/2014			M			1,000	03/	/18/2014 <sup>(</sup>	3)	(4)	Comm Stock		1,000	\$0.00	1,000		D	
Restricted Share	\$0.00 <sup>(2)</sup>	03/18/2014			М			1,000	03/	/18/2014 <sup>(</sup>	(5)	(4)	Comm	on 1	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:

<u>Frank Gordon</u>

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.