FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHII
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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

NEWMAN ARTHUR E							HEALTHSTREAM INC [HSTM]										cable) or	g r eis	10% Ow	ner	
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2014										below)	Officer (give title below) Executive Vice Pr			Other (specify below) resident	
(Street) NASHVI	_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City)	(S	,	(Zip)	n Dori				ioo A		uo al I	Dia		.	Do::0	oficial!	V Oversoo	<u> </u>				
1. Title of Security (Instr. 3) 2. Tra				2. Trans	Transaction te			2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Transaction Dis			uired	(A) or . 3, 4 and	5. Amou Securitie Benefici Owned F	5. Amount of Securities Beneficially Dwned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
										ode	v	Amount	(A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			03/1	8/2014	4			T	M		1,750	1)	A	\$0.00	81	,755		D		
Common Stock 03/				03/1	8/2014	4			\top	F		534 ⁽²⁾		D \$30.7		7 81	81,221		D		
		٦	Гable II -									osed of, onvertil				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,	4. Transactio Code (Inst				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	cisable		Expiration Date	Title		Amount or Number of Shares						
Restricted Share Units	\$0.00 ⁽³⁾	03/18/2014			M			1,000	03/1	3/2014 ⁽	(4)	(5)	Comn		1,000	\$0.00	3,250)	D		
Restricted Share Units	\$0.00 ⁽³⁾	03/18/2014			M			750	03/1	3/2014 ⁽	(6)	(5)	Comn		750	\$0.00	4,250)	D		

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units.
- 2. Shares withheld for payment of tax liability.
- 3. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 4. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 18, 2013, 20% vest on March 18, 2014, 30% vest on March 18, 2015, and the remaining 35% vest on March 18, 2016.
- 5. Not applicable.
- 6. The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 18, 2014, 20% vest on March 18, 2015, 30% vest on March 18, 2016, and the remaining 35% vest on March 18, 2017.

Remarks:

Arthur Newman

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.