FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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).

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* SHMERLING MICHAEL D							2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of (Check all applical X Director		•			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2023										Offic below	er (give title v)		Other (s	specify	
500 11TH AVENUE NORTH SUITE 1000							4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) NASHVILLE TN 37203														Form filed by More than One Reporting Person							
(City)	ity) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														ed to	
		Tab	le I - Noi	n-Deriv	ative	Se	curit	ies A	cqı	uired,	Dis	osed o	of, or	Ben	eficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)							2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (I 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			l (A) or . 3, 4 and	Securi Benefi Owned	cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) or D)	Price		ction(s) and 4)			(111501.4)	
Common Stock Holding 03/23/2							023			M		3,037 ⁽¹⁾		A	\$ <mark>0</mark>	13	30,368		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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of			Date Ex xpiration donth/Da	Date		Amount of			8. Price o Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		ate xercisabl		xpiration ate	Title	l c	Amount or Number of Shares						
Restricted Share Units	\$0 ⁽²⁾	03/23/2023			M			946		(3)		(4)	Comn		946	\$0	0		D		
Restricted Share Units	\$0 ⁽²⁾	03/23/2023			M			943		(5)		(4)	Comn		943	\$0	944		D		
Restricted Share	\$0 ⁽²⁾	03/23/2023			M			1,148		(6)		(4)	Comn		1,148	\$0	2,29	7	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 11, 2021 in three equal installments.
- 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 17, 2022 in three equal installments.
- 6. 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 23, 2023 in three equal installments.

/s/ Michael D. Shmerling

03/24/2023

** 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.