FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							

0.5

hours per response:

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* NEWMAN ARTHUR E (Last) (First) (Middle)					3. Da	Suer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] 3. Date of Earliest Transaction (Month/Day/Year)										all app Direct Office below	er (give title	Ü	10% C Other below)	wner (specify
209 10TH AVE. SOUTH SUITE 450						03/31/2007														
	NASHVILLE TN 37203				_ 4. If <i>I</i>	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 Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans. Date					action 2A. I Exec Day/Year) if an		A. Deemed xecution Date,		3. 4 Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) o	or 5. Am 4 and Secur Benef		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A (C	() or ()	Price		Transaction(s) (Instr. 3 and 4)				(11341. 4)			
Common Stock 03/31/							03/31/	/2007	J ⁽¹⁾		2,500		A	\$3.23		32,000		D		
Common Stock																1	1,000		I	Held by Children
	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)	vative Conversion Date Executi urity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code V					Expiration Date	Title	or	ount nber res							

Explanation of Responses:

1. Exempt acquisition pursuant to Rule 16b-3(c) - HealthStream, Inc. Employee Stock Purchase Plan.

Remarks:

Arthur E. Newman 04/02/2007

** 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.