FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* <u>Collier Michael Manning</u>			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]								(Che	ck all applic Directo	able)	g Pers	on(s) to Iss 10% Ov Other (s	/ner			
(Last) 500 11TI SUITE 1	H AVENUE	/	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023								_ X	below)	ecutive V	ice P	below)	респу	
(Street) NASHV	ILLE TI	N :	37203		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				ı		
(City)	(S		(Zip)																
		Tab	le I - Non-	-Deriva	ative	Sec	curities	s Ac	quired,	Dis	posed o	f, or B	ene	ficially	/ Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F Reported	ties For icially (D) d Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	ction(s)			,msu. 4)	
Common Stock Holding								23,602			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. Deemed Execution Da if any (Month/Day/\)	ate, Tr	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	ode \	v	(A)	(D)	Date Exercisat		Expiration Date	Title	or Nu of	ımber					
Restricted Share Units	\$0 <sup>(1)</sup>	02/23/2023			A		18,000		(2)		(3)	Common	18	3,000	\$0	18,000	)	D	

## Explanation of Responses:

- 1. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 2. Vesting of these RSUs is contingent upon continued service at the time of vesting and the achievement of certain performance criteria. The performance criteria will be established on an annual basis by the Compensation Committee of the Board of Directors. 15% vest on February 23, 2024 for the period January 1, 2023 through December 31, 2023; 20% vest on February 23, 2025 for the period January 1, 2024 through December 31, 2024; 20% vest on February 23, 2026 for the period January 1, 2025 through December 31, 2025; 20% vest on February 23, 2028 for the period January 1, 2026 through December 31, 2026; and 25% vest on February 23, 2028 for the period January 1, 2027 through December 31, 2027. Vesting will be determined based on actual performance. RSUs that do not vest during a performance period may become eligible for vesting during the next performance period (but not in succeeding periods).
- 3. Not applicable.

/s/ Michael M. Collier

02/24/2023

\*\* 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.