FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rusimigton,	D.O.	200-0

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-									
Estimated average burden									
hours per respons	e· 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

1. Name and Address of Reporting Person*  Taylor Tate Deborah				2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner										
(Last)			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023									er (give title		Other (sbelow)							
500 11TI SUITE 1	H AVENUI 000	E NORTH			4. If A	Amer	ndment,	Date o	of Original I	-iled	(Month/I	Day/Yea	ar)	Line	e)	Joint/Grou		•	.				
(Street) NASHV	ILLE T	N :	37203												Form Perso	filed by Mo on	re tha	n One Repo	orting				
(City)	(S	tate)	(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.																	
		Tabl	e I - Noi	n-Deriv	ative \$	Sec	urities	s Acc	quired, [	Disp	osed	of, or	Ben	eficia	lly Own	ed							
Date			2. Trans Date (Month/I	Exec Day/Year) if any		A. Deemed execution Date, any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		urities Acquired (A) ed Of (D) (Instr. 3, 4			Benefi Owned	ties cially Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amoun	ount (A) or (D)		Price		ction(s) and 4)			(Instr. 4)				
Common Stock Holding															21,525			D					
		Ta							uired, Di , options						y Owned	İ							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)		Date Exercisable		opiration	Title	OI N Of	umber									
Restricted Share Units	\$0 <sup>(1)</sup>	06/06/2023			A		3,377		(2)		(3)	Comm		3,377	\$0	3,377		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. 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 June 6, 2024 in three equal installments.
- 3. Not applicable.

/s/ Deborah Taylor Tate

06/06/2023

Date

\*\* Signature of Reporting Person

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.