FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Expires: December 31,

Expires: 2014
Estimated average burden
hours per response: 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* DANIELL JAMES						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/30/2003									Officer (give title Other (specify below) below)						
(Street)					4.	If Am	endment,	Date	of Original F	iled	(Month/Da	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(City) (State) (Zip)															Form filed by More than One Reporting Person					
		Ta	ble I - Nor	ı-Deriv	/ativ	re S	ecuritie	s A	cquired, I	Dis	osed (of, or E	enef	icially	Owned					
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (II	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A)	or I	Price	Transacti (Instr. 3 a	on(s)			(111511.4)		
Common Stock					04/04/2000				P		28,47	73	A	2.34	28,473		D			
Common Stock				04/10/2000				P		500		A	9	500		I		Held by son		
Common Stock				08/2	08/20/2001				M		5,00	000 A		1.66	5,0	000		D		
Common Stock					0/200	01			M		3,70	00 A		0.61	3,700		D			
			Table II - I						quired, Di s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		of E		Expiration [6. Date Exercisal Expiration Date (Month/Day/Year		of Secui Underly Derivati	rivative Security str. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amo or Nun of S							
Employee Stock Option (right to buy)	2.3	06/25/1998			A		3,700		06/25/1998	06	5/25/2005	Common Stock	\$3	,700	\$2.3	\$3,700		D		
Employee Stock Option (right to buy)	2.34	02/04/1999			A		2,775		02/04/1999	02	//04/2006	Common Stock	\$2	,775	\$2.34	\$2,775		D		
Employee Stock Option (right to buy)	4.06	09/02/1999			A		14,800		09/02/1999	09	/02/2007	Common Stock	\$14	1,800	\$4.06	\$14,800		D		
Employee Stock Option (right to buy)	9	04/10/2000			A		10,000		04/10/2000	04	//10/2010	Commoi Stock	\$10),000	\$ 9	\$10,000		D		
Employee Stock Option (right to buy)	1.66	05/31/2001			A		5,000		05/31/2001	05	5/31/2011	Common Stock	\$5	,000	\$1.66	\$5,000		D		
Employee Stock Option (right to buy)	1.39	05/31/2002			A		5,000		05/31/2002	05	//31/2012	Common Stock	5,	000	\$1.39	5,000		D		
Employee Stock Option (right to	1.54	05/30/2003			A		10,000		05/30/2003	05	5/30/2013	Common Stock	1 10	,000	\$1.54	10,00	0	D		

** 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.