FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | len | | | | |
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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>DANIELL JAMES</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | | tionship all appli Directo | • | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|------------|---------------------------------------------------|-------|-----------------------------------------|------------------------------------------------------------------------------|--------------|-------|---------------------------------------------------------|-------------------|------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| (Last) (First) (Middle) 132 BRIGHTON CLOSE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2009 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| (Street) NASHV | | | 37205 | | 4. If | f Ame | endment, | Date | of Original | Filed | (Month/D | ay/Year) | | Indivi ne) X | Form f | iled by One iled by Mor | e Repo | g (Check Ap orting Perso n One Repo | n |
| (City) | (\$ | | (Zip) | Doriv | otivo | | ouritio. | - A c | auirad | Dior | 20004 | of or Bo | noficia | NIV (| | | | | \longrightarrow |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | | | | | | | Code (Instr. 5) | | | | red (A) or | or 5. Amount of | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Trancac | | tion(s) | | | (1130.4) | |
| Common | Stock | | | | | | | | | | | | | | 39,948 | | D | | |
| | | 7 | able II - [) | | | | | | uired, D s, option | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | 3A. Deemee Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. B) | | 5. Number of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sed (Ins | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: y Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership tt (Instr. 4) |
| | | | | Code | | v | (A) | (D) | Date Exercisabl | | epiration ate | Title | Amoun or Numbe of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$2.45 | 05/28/2009 | 05/28/20 | 009 | A | | 5,000 | | 05/28/2010 | 0 05 | 5/28/2017 | Common Stock | 5,000 | | \$0.00 | 5,000 | | D | |
| Employee Stock Option (right to buy) | \$2.45 | 05/28/2009 | 05/28/20 | 009 | A | | 5,000 | | 05/28/2011 | L 05 | 5/28/2017 | Common Stock | 5,000 | | \$0.00 | 5,000 | | D | |

Explanation of Responses:

Remarks:

James Daniell

05/29/2009

** 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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).