FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	
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STATEMENT	OF	<b>CHANGES</b>	IN B	ENEFICI	AL C	<b>WNER</b>	SHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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*				2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
McQuigg Michael Scott				1										Direct			10% Ov				
(Last)	/E	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								7 :	X Office below	r (give title )		Other (s below)	specify		
` ′	03/	03/20/2024								Senior Vice President											
500 1111	H AVENUI	ENORTH			<b>—</b>																
SUITE 1	000				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															-	X Form	filed by One	e Repo	orting Perso	n	
NASHVI	ILLE T	N :	37203													Form Perso		re thar	n One Repo	rting	
(City)	(S	state) (	(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.															
		Tab	le I - Non	-Deriv	ative	Sec	uritie	s Ac	quir	ed, D	isp	osed c	of, or	Ben	eficial	ly Owne	d				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action		A. Deemed			3.		4. Securities Acquired (A			(A) or	5. Amount of				7. Nature	
Date (Mor				Date   (Month/I	Day/Ye		Execution Date if any		e, Transac Code (II				d Of (D) (Instr. 3, 4		. 3, 4 and	Securiti Benefic				of Indirect Beneficial	
							onth/Day/Yea		)							Owned Following (I) Reported			Ownership (Instr. 4)		
									C	ode	,	Amount		(A) or (D)	Price	Transac	ransaction(s) nstr. 3 and 4)			(111501.4)	
Common Stock Holding															15	,426		D			
		Т	able II - I									sed of				Owned					
				e.g., p	uis,	Calls	, warr	ants	s, op	uons	,	onveru	Die S	ecur	illes)		_				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			Amount of		4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s B Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Ond:	\			Date			cpiration	Tiels	N O	Amount or lumber of						
					Code	٧	(A)	(D)	Exerc	cisable	Da	ate	Title		Shares						
Restricted Share	\$0 <sup>(1)</sup>	03/20/2024			Α		2,240		(	(2)		(3)	Comr		2,240	\$0	2,240		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 RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 20, 2025, 20% vest on March 20, 2026, 30% vest on March 20, 2027, and the remaining 35% vest on March 20, 2028.
- 3. Not applicable.

/s/ M. Scott McQuigg \*\* Signature of Reporting Person 03/21/2024 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.