## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APP	ROVAL
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  STEAD WILLIAM					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]										ationship k all appli Directo	cable)	g Pers	son(s) to Iss 10% Ov		
(Last) 211 WIL	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/26/2005									Officer below)	(give title		Other (s below)	specify		
(Street)  NASHV  (City)		tate)	37205 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line) X								
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	qui	red, C	Disp	osed o	of, or Be	enefi	cially	Owned	l			
Da			2. Trans Date (Month/I		ar) i	2A. Deemed Execution Date, f any (Month/Day/Year)		Code (Instr. 5)						es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	nt (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock														3,700			D			
		Т	able II - I										, or Ber ble sec			wned				•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemee Execution I if any (Month/Day	Date, Transa Code (			of E		Expi	ate Exer iration I nth/Day	Date		nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		piration ate	Title	Amo or Num of Sha	nber					
Employee Stock option (right to	\$2.88	05/26/2005	05/26/20	005	A		5,000		05/2	26/2005	05	5/26/2015	Common Stock	5,0	000	\$2.88	5,000		D	

**Explanation of Responses:** 

Remarks:

William W. Stead

05/27/2005

\*\* Signature of Reporting Person

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.