FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF	CHANGES	INI	RENEEICIAL	OWNERSHIE

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated averag	ge burden							

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* FRIST ROBERT A JR					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner						
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 02/25/2005									X Office below		EO	Other (below)	(specify		
(Street) NASHVILLE TN 37203			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City) (State) (Zip)																				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		d (A) or	5. Amou Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock														5,50	02,025		D			
		T	able II - I								osed of				/ Owned					
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)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		)	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	1	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$3.18	02/25/2005	02/25/20	02/25/2005			8,000		02/25/2006		02/25/2013	Comi		8,000	\$3.18	8,000		D		
Employee Stock Option (right to buy)	\$3.18	02/25/2005	02/25/2005		A		8,000		02/25/20	07 (	02/25/2013	Comi		8,000	\$3.18	8,000	)	D		
Employee Stock Option (right to buy)	\$3.18	02/25/2005	02/25/20	005	A		8,000		02/25/20	08	)2/25/2013	Comi		8,000	\$3.18	8,000		D		
Employee Stock Option (right to	\$3.18	02/25/2005	02/25/20	005	A		8,000		02/25/20	09 (	02/25/2013	Comi		8,000	\$3.18	8,000		D		

**Explanation of Responses:** 

Remarks:

Robert A. Frist

02/25/2005

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).