FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

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

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

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* MCLAREN JEFFREY L					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WICEAREN JEFFRET E												-		X	Direc	tor		10% O	wner	
(Last) (First) (Middle) 500 11TH AVENUE NORTH					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021										Officer (give title below)			Other (below)	specify	
SUITE 1000						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
NASHV:	NASHVILLE TN 37203													Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
		Table	I - I	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	isposed c	f, or I	3enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ear) E	2A. Deemed Execution Dat if any (Month/Day/Ye		Date, Tran Code						nd 5) Sec Ben Owi		ecurities eneficially wned Following		wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								-	Code	v .	Amount	(A) or (D)	Price		Transa	Transaction(s) (Instr. 3 and 4)		4)	(1130.4)	
Common Stock 02/26/2022					:1				S		4,000	D	\$23.64	23.6466(1)		12,780		D		
		Tal	ble	II - Derivati (e.g., pu							posed of converti				wne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Deriving Securial Acquired (A) or Disposof (D) (Instr. and 5	ative rities ired osed	Exp (Mo	oiration onth/Day	(/Year)	Amo Secu Unde Deriv Secu 3 and	Amount or Number of	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

Jeffrey McLaren

03/01/2021

** 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.

^{1.} This transaction was executed in multiple trades at prices ranging from \$23.40 to \$23.77. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.