FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	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* <u>Taylor Tate Deborah</u>						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) $\frac{X}{}  \text{Director} \qquad \qquad 10\% \text{ Owner}$						
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024									Officer below)	(give title		Other (s below)	specify	
500 11TH AVENUE NORTH SUITE 1000					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) NASHVILLE TN 37203													Form filed by More than One Reporting Person							
(City) (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	curitie	s Ac	quired,	Dis	posed	of, or Be	nefici	ally (	Owned	<u> </u>				
1. Title of Security (Instr. 3)  2. Trans Date (Month/						action 2A. Dec Execut if any (Month			Code	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ad Of (D) (Instr. 3, 4 a		nd	5. Amou Securitie Benefici Owned F Reported	es Fo ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Price	.	Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock Holding						22,601		,601		D										
		Ţ	able II - I									, or Ben ible sec			wned					
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, Tran		action (Instr.	of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In:	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amount or Number of Shares	r						
Restricted Share Units	\$0 <sup>(1)</sup>	05/30/2024			A		3,018		(2)		(3)	Common Stock	3,018		\$0	3,018		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 RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning May 30, 2025 in three equal installments.
- 3. Not applicable.

/s/ Deborah Taylor Tate 06/03/2024

\*\* Signature of Reporting Person

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.