FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CH	IANGES 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

Name and Address of Reporting Person* Collier Michael Manning					HI	Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] Just of Earliest Transaction (Month/Day/Year)									onship of Reporting all applicable) Director Officer (give title below)		10% Ov Other (s below)	vner
(Last) 500 11TH	Fi AVENUE	ŕ	(Middle)			10/27/2023									Executive Vice President			
SUITE 1000				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHVILLE TN 37203														X Form filed by One Reporting Person Form filed by More than One Reporting				
					Rı	ıle 1	lle 10b5-1(c) Transaction Indication											
(City) (State) (Zip)					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.													
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired	Dis	posed o	of, or B	enefici	ally Own	ed			
Date			2. Transa Date (Month/D	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		d Secur Benef Owne	cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	r Price	Trans	eported ransaction(s) nstr. 3 and 4)			insu. 4)
Common Stock Holding			10/27	/2023	2023		M		447(1) A	\$() 3	30,988		D			
Common Stock Holding 10/27/			/2023	2023			F		109(2) D	\$25	14 3	4 30,879		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ice of rivative	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable Expiration Date (Month/Day/Year)		•	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Restricted Share Units	\$0 ⁽³⁾	10/27/2023			M			447	(4)	T	(5)	Common Stock	447	\$0	2,536	5	D	

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units.
- 2. Shares withheld for payment of tax liability.
- 3. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 4. The RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on October 27, 2023, 20% vest on October 27, 2024, 30% vest on October 27, 2025, and the remaining 35% vest on October 27, 2026.
- 5. Not applicable.

/s/ Michael M. Collier

10/27/2023

** 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.