FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										
	hours per response	. 05									

	tion 1(b).	nue. See		Filed	l pursua or Se	ant to S ection 3	Section 30(h) d	n 16(a) of the In	of the S ovestme	ecurit nt Co	ies Exchang mpany Act o	e Act of f 1940	1934		hour	s per r	esponse:	0.5
1. Name and Address of Reporting Person* REBROVICK LINDA				2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 500 11TI	(Fi H AVENUI	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021									cer (give title ow)		Other (specify below)		
SUITE 1	000												Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHV	ILLE TI	N 3	7203											X Fo	orm filed by Or orm filed by Mo erson			
(City)	(Si	ate) (2	Zip)															
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or Be	enefic	ially Ov	vned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exec y/Year) if any		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		nd Sec Ber Ow	5. Amount of Securities Beneficially Owned Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 09/10/				09/10/2	2021		A		188(1)	A	\$29	.93	44,247		D			
		Tal									osed of, convertib				ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		te Amou ear) Secur Under Deriva		t of ies /ing ive y (Instr.	8. Price Derivati Security (Instr. 5)	derivative Securities	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
		Code V (A) (D)		(D)	Date Exercis	able	Expiration Date		Amount or Number of Shares									

Explanation of Responses:

1. Shares represent stock the reporting person elected to receive in lieu of cash payable for service on the Company's Board of Directors.

Remarks:

Linda Rebrovick

09/13/2021

** 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.