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

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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* Roberts Scott Alexander | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | | ationship of Reportin call applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owne Other (spec | | vner | |
|---|---|--|--|-------------------------------|---|---|--------|--------|-------------------------|--------------------------|--|--|------------------------------------|---|---|---|---|--|---|--|
| (Last) (First) (Middle) 500 11TH AVENUE NORTH SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2020 | | | | | | | | | X Officer (give file Other (specify below) CFO and SVP | | | | | | |
| (Street) NASHVILLE TN 37203 (City) (State) (Zip) | | | | | _ 4. l1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uritie | es Ac | quired, | Dis | posed | of, or Be | enefic | ially | Owne | d | | | | |
| Da | | | | 2. Transa Date (Month/E | | Execution Date, | | | 3. Transa Code (I | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securiti Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 09/21/2 | | | | | /2020 | 2020 | | М | | 525(1 | l) A | \$0 | .00 | 5,797 | | | D | | | |
| Common Stock 09/21/2 | | | | | /2020 | 2020 | | | F | | 128(2 | 2) D | \$20 | 0.16 | 5, | 669 | | D | | |
| | | Т | able II - | | | | | | | | | f, or Ben ible sec | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | | ransaction Code (Instr. | | ı of E | | ercisa Date ny/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amou or Numb of Shares | er | | | | | | |
| Restricted Share Units | \$0.00 ⁽³⁾ | 09/21/2020 | | | M | | | 525 | (4) | | (5) | Common Stock | 525 | | \$0.00 | 2,975 | | 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 RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on September 20, 2020, 20% vest on September 20, 2021, 30% vest on September 20, 2022, and the remaining 35% vest on September 20, 2023.
- 5. Not applicable.

Remarks:

Scott A. Roberts

09/22/2020

** 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.