SEC Form 4	
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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 CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 19	34
or Section 30(h) of the Investment Company Act of 1940	

1. Name and Addre Fenstermach	ess of Reporting Pers er <u>Scott</u>	son*	2. Issuer Name and Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [HSTM]		tionship of Reporting Per all applicable) Director	rson(s) to Issuer 10% Owner		
(Last) 500 11TH AVE	(First) NUE NORTH	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/27/2023	X	Officer (give title below) Senior Vice Pr	Other (specify below) resident		
SUITE 1000			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	dividual or Joint/Group Filing (Check Applicable)			
(Street)				X	Form filed by One Reporting Person			
NASHVILLE	TN	37203			Form filed by More tha Person	n One Reporting		
(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 intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or Disposed of (IV) (Instr. 3.4 and Disposed Of (IV) (IN) (IN) (IN) (IN) (IN) (IN) (IN) (I

	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	any Code (Instr. 5)						Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock Holding	10/27/2023		М		288(1)	Α	\$ <mark>0</mark>	9,844	D	
Common Stock Holding	10/27/2023		F		96 ⁽²⁾	D	\$25.14	9,748	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year)		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Share Units	\$0 ⁽³⁾	10/27/2023		М			288	(4)	(5)	Common Stock	288	\$0	1,629	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/ Scott Fenstermacher

** Signature of Reporting Person

<u>10/27/2023</u> 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.