FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	JVAL
	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* SHMERLING MICHAEL D						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 618 CHU SUITE 2	(F JRCH STR	05/	/29/2	2012					Day/Year)		Officer (give title Delow) Officer (give title Delow) Individual or Joint/Group Filing (Check Application 10%)				specify					
(Street) NASHVILLE TN 37219					-	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line					
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	vative	e Se	curit	ies Ad	cqu	ired, C	Disp	osed c	of, or B	ene	eficiall	y Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			∍,	3. Transaci Code (In 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amor Securiti Benefic Owned Reporte	es ially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code V		Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				(111511.4)
Common	Stock	9/2012	2012				М		6,000) <i>A</i>	A \$3.5		10	106,137		D				
		7	able II -						•			sed of			-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	Code (Ir		of Deri Sec Acq (A) o Disp of (I (Ins	of I		Date Exer piration I onth/Day	Date		Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi ct (Instr. 4)
					Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title	OI N	umber					
Employee Stock Option (right to	\$3.53	05/29/2012			М			6,000	05/	5/24/2007	05	5/24/2017	Commo Stock	1 6	5,000	\$0.00	0		D	

Explanation of Responses:

Remarks:

Michael Shmerling

05/29/2012

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).