FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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* POLLEY DALE W						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 209 10T	st) (First) (Middle) 9 10TH AVENUE SOUTH									`		Day/Year)		Officer below)	(give title		Other (s below)	pecify			
(Street) NASHVILLE TN 37203 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies A	car	uired. I	 Disi	oosed o	of. or I	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					saction	ear)	2A. Dec Execut if any	A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securitie Benefici	nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A (D	() or ()	Price	Transact	tion(s)			(Instr. 4)	
Common Stock 03/18/					8/201	2014				М		2,000 ⁽¹⁾ A		\$0.00	35,	5,000		D			
		7	Гable II -	Deriva (e.g.,	ative puts,	Sec call	uritie s, wa	s Acc	uii s, c	red, Di	ispo s, c	sed of, onverti	or Bo	enefi ecuri	cially ties)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,		Transaction Code (Instr.				Date Exe piration I onth/Day	Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ow For Dir or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dai	te ercisable		Expiration Date	Title	O N O	lumber						
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2014			M			1,000	03/	/18/2014 ⁽	(3)	(4)	Comm		1,000	\$0.00	1,000		D		
Restricted Share Units	\$0.00 ⁽²⁾	03/18/2014			M			1,000	03/	/18/2014 ⁽	(5)	(4)	Comm		1,000	\$0.00	2,000		D		

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units.
- 2. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 3. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 18, 2013 in three equal installments.
- 4. Not applicable.
- 5. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 18, 2014 in three equal installments.

Remarks:

Dale Polley

03/19/2014

** 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.