FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	OMB APPRO	OVAL
	OMB Number:	3235-0287
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar DANIE		2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										ck all a		able)	g Pers	on(s) to Issu 10% Ow					
(Last) 132 BRI	(F GHTON CI		3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008											cer ow)	(give title		Other (s below)	pecify			
(Street) NASHVILLE TN 37205						4. If Amendment, Date of Original Filed (Month/Day/Year) 05/30/2008									Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non	-Deriv	vativ	e Se	curitie	s A	cqu	iired, I	Disp	osed o	f, or E	ene	ficiall	y Owi	ied				
1. Title of Security (Instr. 3) 2. Transposite (Month/L						ear)	2A. Deemed Execution Date if any (Month/Day/Yea			3. Transac Code (li 8)	action Dispos		ties Acqı I Of (D) (4 and Securit Benefic Owned		s Illy ollowing	Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(A) or (D) Price		Price	Reported Transaction (Instr. 3 and		on(s)			(Instr. 4)
Common	Stock																39,	39,948		D	
		-	Γable II - I (sed of, onvertil				Owne	d			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transa Code (8)				6. Date Exercisal Expiration Date (Month/Day/Year			Amount Securitie Underly Derivati		ount of urities		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s llly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		Date Exercisable		xpiration ate	Title	O N O	umber						
Employee Stock Option (right to	\$2.99	05/29/2008	05/29/20	08	A		6,000		05/2	29/2008 ⁽	1) 0	5/29/2018	Commo Stock		5,000	\$0.0		6,000)	D	

Explanation of Responses:

1. This Form 4/A is being filed to amend the vesting date of the May 29, 2008 stock option award.

Remarks:

James Daniell

06/03/2008

** 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.