FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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

| Name and Address of Reporting Person* O'Hara Kevin P | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | | eck all appli | cable) or | , 10% Own | | | | |
|--|--|--|--|--------------------|---|---|---------|-------------------------------------|--|----------|--------------------|---|---|--|---|--|---|-----------|--|--|
| (Last) 500 11TI SUITE 1 | H AVENU | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2023 X Officer (give title below) Senior Vice P | | | | | | | | | | | ce Pre | below) | , | |
| (Street) NASHV | ILLE T | | 37203 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Inc Line) | | | | | | | | | | ′ | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | ay/Year) Execution | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | ties Acc | quired (Instr. | (A) or 3, 4 and | 5. Amou Securiti Benefici Owned Reporte | es ially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | A) 1) | A) or D) | Price | Transac (Instr. 3 | ction(s) | | | | |
| Common Stock Holding 0 | | | | 01/12 | /2023 | | | | М | | 1,625 | [1) | A | \$ <mark>0</mark> | 3, | ,080 | | D | | |
| Common Stock Holding 01/12 | | | 2/2023 | | | | F | | 482(2 | D \$24.0 | | \$24.0 | 2,598 | | 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. Deeme Execution I if any (Month/Day | Date, | Date, Transaction Code (Ins | | on of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ble E | Expiration Date | Title | N O | Amount or Number of Shares | | | | | | |
| Restricted Share | \$0 ⁽³⁾ | 01/12/2023 | | | M | | | 1,625 | (4) | | (5) | Comm | | 1,625 | \$0 | 5,281 | | 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 January 8, 2022, 20% vest on January 8, 2023, 30% vest on January 8, 2024, and the remaining 35% vest on January 8, 2025.
- 5. Not applicable.

/s/ Kevin P. O'Hara

01/12/2023

Date

** Signature of Reporting Person

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.