FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB AF	PPROVAL
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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

					01	3ecu	ion 30(n)	oi trie	: inve	sunent	-0111	parry Act	01 19	40								
1. Name and Address of Reporting Person*  PEARSON J EDWARD  (Last) (First) (Middle)  123 SECRETARIAT PLACE						2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2007														specify		
(Street) HENDERSONVILLE TN 37075					- 4. II	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					
(City) (State) (Zip)													Person									
		Tab	le I - Nor	n-Deriv	vative	e Se	curitie	s Ac	cqui	ired, D	isp	osed c	of, o	r Ben	eficia	ally C	Owned	t				
Dat			Date	Transaction ate lonth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		e,   1	Code (Instr.						nd S	Securitie Benefici Owned F	neficially ned Following		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code V		Amount		(A) or (D)	Price	. [-	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock																	12,800			D		
		٦	able II - I				urities s, warr										vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)				6. Date Exercisa Expiration Date (Month/Day/Year				Amo Secu Undo Deriv	7. Title and Amount of Securities Underlying Derivative Secui (Instr. 3 and 4)		Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration ate	Title	N O	Amoun or Number of Shares							
Employee Stock Option (right to buy)	\$3.75	03/07/2007	03/07/2	007 A			8,500		03/0	07/2008	03			imon ock	8,500	\$	3.75	8,500		D		
Employee Stock Option (right to buy)	\$3.75	03/07/2007	03/07/2	007	A		8,500		03/0	07/2009	03	/07/2015	Com		8,500	\$	3.75	8,500		D		
Employee Stock Option (right to buy)	\$3.75	03/07/2007	03/07/2	007	A		8,500		03/0	07/2010	03	/07/2015	Com		8,500	\$	\$3.75	8,500		D		
Employee Stock Option (right to	\$3.75	03/07/2007	03/07/2	007	A/K		8,500		03/0	07/2011	03	/07/2015	Com		8,500	\$	3.75	8,500		D		

**Explanation of Responses:** 

Remarks:

**Edward Pearson** 

03/12/2007

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

## LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

KNOW ALL MEN BY THESE PRESENTS, that J. Edward Pearson has made, constituted and appointed, and by these presents does make, constitute and appoint Susan A. Brownie or Scotty Roberts as its true and lawful attorney-in-fact, for its and in its name, place and stead, and for its use and benefit, to do all things and to execute all documents necessary to ensure compliance with Section 16 reporting requirements associated with my relationship with HealthStream, Inc.

It is my intention by this instrument to grant unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever to accomplish the foregoing grant of power as shall be necessary to be done on my behalf as fully to all intents and purposes as I might or could do if I was present in person.

This power of attorney may be revoked by the undersigned only by specific revocation endorsed or written hereon, and until such revocation be endorsed or written hereon, all persons may rely upon this power of attorney as being in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand, the 12th day of March, 2007.

/s/J. Edward Pearson