FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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* RAPPUHN TERRY ALLISON						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
					3 5	2 Data of Farliagt Transaction (Month/Day/Vear)								X					· I
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024									Officer below)	(give title		Other (s below)	specify
500 11TH AVENUE NORTH					4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
SUITE 1000													Line) X Form filed by One Reporting Person						
					-									X		,		J	- 1
(Street)															Persor		e tnan	One Repo	rting
NASHV	ILLE T	N :	37203		<u> </u>	.1 - 4	0 b C	4 (-)	T	1	1	l: 4:							
,					- KI	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
	$ \sqcup$	satisfy	the affir	mative	defense co	ndition	ns of Rule	10b5-1(c). S	See Insti	ruction	10.								
		Tab	le I - Non	-Deriv	vative	Sec	uritie	s Ac	quired,	Dis	osed o	of, or Be	enefic	cially	Owned	t			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					2A. Deemed Execution Date oay/Year) if any (Month/Day/Year)			Code (Instr. 5)			red (A) str. 3, 4	, 4 and Securiti Benefic Owned		es ally Following	Form (D) or	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) c	or Dei	ice	Reporte Transac	tion(s)		- 1	(Instr. 4)	
									Joue 1		Amount (D)				(Instr. 3 and 4)		\sqcup		
Common Stock Holding														2,657		657		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deeme		4.		1		-			7. Title ar			. Price of	9. Number	r of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	S. Harisaction Date (Month/Day/Year)	SA. Deemed Execution Dat if any (Month/Day/Yo	Date, Transa Code (of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (1	5. Price of Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
									Date	E	xpiration		or Numb of						
					Code	٧	(A)	(D)	Exercisab		ate	Title	Share	es					
Restricted Share	\$0 ⁽¹⁾	05/30/2024			A		3,018		(2)		(3)	Common Stock	3,01	18	\$0	3,018		D	

Explanation of Responses:

- 1. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 2. 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 May 30, 2025 in three equal installments.
- 3. Not applicable.

/s/ Terry A. Rappuhn

06/03/2024

** 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.