FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0362										
Estimated average burden										
hours per response:	1.0									

Form 3 Holdings Reported.			OWNE	.				hou	irs per response	1.0		
Form 4 Transactions Reported.	File	d pursuant to Secti or Section 30(h		e Securities Exch ment Company A								
Name and Address of Reporting Person FRIST ROBERT A JR (Last) (First)	Susuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director X 10% Owne X Officer (give title below) Divining Person(s) to Issue (Check all applicable)					
500 11TH AVENUE NORTH SUITE 1000	12/31/2020			CEO								
	37203 (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				
Table	e I - Non-Deriv	ative Securiti	es Acquire	ed, Disposed	l of, or	Benef	icial	lly Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct	7. Nature of Indirect Beneficial		
				Amount	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock	12/16/2020		G	8,500	D	\$0.00		\$0.00 5,003,731				
Common Stock	12/28/2020		G ⁽¹⁾	160,000	D	\$0.0	\$0.00 4,843,7		D			
Common Stock	12/28/2020		G ⁽¹⁾	160,000	A	\$0.00		\$0.00 595,000		Bobby and Melissa Frist Children's 2012 GST- Exempt Trust		
Common Stock								10,000	I	The Carolyn Marie Frist 2005 Vested Trust		
Common Stock								10,000	I	The Cate Merriman Frist 2005 Vested Trust		
Common Stock								10,000	I	The Eleanor Knox Frist 2005 Vested Trust		
Common Stock								18,335	I	Louise Trust u/a/d 08-16-2007		
Common Stock								18,334	I	Merriman Trust u/a/d 08-16-2007		
Common Stock								18,334	I	Marie Trust u/a/d 08-16-2007		
Common Stock								18,334	I	Knox Trust u/a/d 08- 16-2007		
	ble II Deriver											

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) 1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative	3. TransactionTable (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	(Month/Day/Year) 3A. Deemed Execution Date, if any	Ve Securit Transaction (Sq.6 all Si, V 8) 4. Transaction Code (Instr. 8)	Secu Acqu (A) 0 Dispe	rities ired	if Chate Skeps Expiration Da OphilomSy/6 6. Date Exerc Expiration Da (Month/Day/Y	isable and	Unde Deriva	rlying ative ity (Instr. e and int of ities rlying	Berivative Security (Instr. 5) 8. Price of Derivative Security (Instr. 5)	JB. Number of derivative Securities Beneficially Owned Solution of Refore Security of Beneficially Owned Security Securi	10. Ownership Form: Direct (D) or Indirect (1) (Instr. 4) Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				(A) o Dispo of (D) (Instr and 5 (A)	sed . 3, 4	Date Exercisable	Expiration Date		ity (Instr 4) mount or Number of		Following Reported Transaction(s) (Instr. 4)	(i) (Instr. 4)	(instr. 4)
1. This transa	neficial owners	es: a gift of securities by hip of these securities					h Date reportin		e benefi	ic e fl owner				

Remarks:

Robert A. Frist, Jr.

02/25/2021

** 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.

 $^{^{\}star}$ 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).