SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| 1. Name and Address of Reporting Person [*] DENT THOMPSON | | | 2. Issuer Name and Ticker or Trading Symbol <u>HEALTHSTREAM INC</u> [HSTM] | | tionship of Reporting Pers all applicable) Director | son(s) to Issuer 10% Owner | |
|---|---------------|----------------|--|------------------------|--|-------------------------------|--|
| (Last) (First) (Middle) 1707 OLD HILLSBORO ROAD | | , | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2011 | | Officer (give title below) | Other (specify below) | |
| (Street) FRANKLIN (City) | TN (State) | 37064 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|--------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/17/2011 | 05/17/2011 | М | | 5,000 | A | \$1.66 | 34,394 | D | |
| Common Stock | 05/17/2011 | 05/17/2011 | М | | 5,000 | A | \$1.39 | 39,394 | D | |
| Common Stock | 05/17/2011 | 05/17/2011 | М | | 10,000 | A | \$1.54 | 49,394 | D | |
| Common Stock | 05/17/2011 | 05/17/2011 | М | | 5,000 | A | \$2.17 | 54,394 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 11. Nature 10. Ównership Expiration Date (Month/Day/Year) derivative Derivative Conversion Dat Execution Date Transaction Securities Derivative of Indirect (Month/Day/Year) Underlying Derivative Security or Exercise Price of Derivative Security (Instr. 3) if any (Month/Day/Year) Code (Instr. Security (Instr. 5) Securities Form: Beneficial Direct (D) 8) Securities Beneficially Ownership Acquired (A) or Disposed Derivative (Instr. 3 and 4) Owned Following or Indirect (Instr. 4) (I) (Instr. 4) Security Reported Transaction(s) of (D) (Instr. 3, 4 and 5) (Instr. 4) Amount Number Date Expiration of Code v (A) (D) Exercisable Date Title Shares Employee Stock Commo Option 05/17/2011 05/17/2011 5,000 05/31/2001 05/31/2011 5,000 \$1.66 0 D \$1.66 Μ Stock (right to buy) Employee Stock Option (right to Common 5,000 \$1.39 05/17/2011 05/31/2002 05/31/2012 0 D 05/17/2011 Μ 5.000 \$1.39 Stock buy) Employee Stock Commor Option 10,000 \$1.54 05/17/2011 05/17/2011 Μ 10,000 05/30/2003 05/30/2013 \$1.54 0 D Stock (right to buy) Employee Stock Commor 5,000 05/17/2011 Option \$2.17 05/17/2011 Μ 5.000 05/27/2004 05/27/2014 \$2 17 0 D Stock (right to buy)

Explanation of Responses:

Remarks:

<u>Thompson Dent</u>

05/17/2011

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.