FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respon	se: 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

1. Name and Address of Reporting Person* Fenstermacher Scott			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>renster</u>	macner S	<u>scott</u>			1						L .					Direct	or		10% Ov	vner
/L act)	/5	iret)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						7 :	X Office below	r (give title		Other (s below)	specify			
(Last) (First) (Middle)				03/	03/20/2024								Senior Vice President							
500 1171	H AVENUI	E NORTH			\vdash										_					
SUITE 1	000				4. If	Amer	ndment,	Date	of Orig	ginal Fi	led	(Month/D	ay/Yea	ır)	Line)		Ì	g (Check Ap	
(Street)																X Form	filed by One	e Rep	orting Perso	n
NASHV	ILLE T	N :	37203													Form Perso		re thai	n One Repo	rting
(City)	(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																			
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action					3. 4. S			ities Ad	cquirec	(A) or	or 5. Amount of and Securities				7. Nature
Date (Mon			Date (Month/l	Day/Ye		Execution Date, if any		, Transaction Code (Instr.					. 3, 4 and	Benefic				of Indirect Beneficial		
					•	1)	Month/Day/Ye		ar) 8)	8)							Owned Following Reported			Ownership (Instr. 4)
							C	ode	,	Amount		(A) or (D)	Price	Transa (Instr. 3	ction(s)		("	(11150.4)		
Common Stock Holding														11	11,108		D			
		Т	able II - I									sed of				Owned				
				e.g., p	uis,	Calls	, warr	ants	s, op	uons	,	onveru	Die S	ecur	illes)					1
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year) S			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable		cpiration	Title	0 N	Amount or lumber of Shares					
Dantainta 1							 	 ` 			H		<u> </u>	-			1			1
Restricted Share	\$0 ⁽¹⁾	03/20/2024			Α		1,680		((2)		(3)	Comr		1,680	\$ <mark>0</mark>	1,680)	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 RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 20, 2025, 20% vest on March 20, 2026, 30% vest on March 20, 2027, and the remaining 35% vest on March 20, 2028.
- 3. Not applicable.

/s/ Scott Fenstermacher ** Signature of Reporting Person 03/21/2024 Date

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.