FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bure | den | | | | | | | | |
| hours per response: | 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* <u>DANIELL JAMES</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|------------------|--------------------------------------|-----------------------------------------------------------------------|----------|--------|---------------------|----------------------------------------------------------|------------------|-----------------|----------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| | | | | - | | | | | | | | | X | Directo | or 10% (| | 10% Ov | vner | |
| (Last) 132 BRI | (F GHTON CI | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008 | | | | | | | | | Officer below) | icer (give title ow) | | Other (s below) | specify | |
| , | | | | 4. | If Ame | endment, | Date | of Original I | Filed | (Month/D | ay/Year) | 6. | Indi | vidual or | Joint/Group | Filing | g (Check Ap | plicable | |
| (Street) | | | | | | | | | | • | | Li | ne) | | | _ ` | | · | |
| NASHVILLE TN 37205 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Perso | 1 | | | | |
| | | Tab | le I - Non-C | Derivativ | e Se | curitie | s Ac | quired, I | Disp | osed o | of, or Be | neficia | lly | Owned | d I | | | | |
| Date | | | | t. Transactio Date Month/Day/\ | Execution Date, | | | Code (Instr. 5) | | | | red (A) or str. 3, 4 aı | nd | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | 39,948 | | | D | | | |
| | | 1 | able II - De | | | | | uired, Di | | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) of tive | ate Execution Da | | Code (Instr. | | n of I | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | Amount of | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to | \$2.99 | 05/29/2008 | 05/29/2008 | 8 A | | 6,000 | | 05/29/2009 | 05 | 5/29/2018 | Common Stock | 6,000 | | \$0.00 | 6,000 | | D | | |

Explanation of Responses:

Remarks:

James Daniell

05/30/2008

** Signature of Reporting Person

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.