FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL											
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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(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

Name and Address of Reporting Person* McQuigg Michael Scott						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									Chec	k all appli Directo	onship of Reporti Ill applicable) Director Officer (give title		10% Ov	wner		
(Last) (First) (Middle) 500 11TH AVENUE NORTH SUITE 1000					10/	3. Date of Earliest Transaction (Month/Day/Year) 10/30/2024									6	Senior Vice President						
(Street) NASHVILLE TN 37203					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S		(Zip)		<u> </u>																	
		Tab	le I - No	n-Deriv	ative	Se	curit	ies A	cqu	ıired, l	Dis	posed (of, o	r Ber	nefici	ally	Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			e,	3. Transaction Code (Instr.) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)					4 and Securiti Benefic Owned		es ally Following	Forn (D) o	n: Direct or Indirect nstr. 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 Holding 10/30/2					/2024	2024			М		512(1) A \$0		0	21,690		D					
Common Stock Holding 10/30/2					/2024	2024				F		125 ⁽²⁾ D \$		\$28	.95	21,565		D				
		Т	able II -									osed of onverti					Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year)				4. Transa Code (8)		tion of E			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)			te ercisable		xpiration ate	or Num of		Numbe	ber						

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units.
- 2. Shares withheld for payment of tax liability

\$0⁽³⁾

- 3. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 4. The RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on October 27, 2023, 20% vest on October 27, 2024, 30% vest on October 27, 2025, and the remaining 35% vest on October 27, 2026.

(4)

5. Not applicable.

Restricted

/s/ M. Scott McQuigg

(5)

Commor

Stock

10/31/2024

1,661

D

** Signature of Reporting Person Date

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\$<mark>0</mark>

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).

10/30/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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