FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Doster Jeffrey						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									ck all applic Directo	ationship of Reporting c all applicable) Director Officer (give title		son(s) to Iss 10% O Other (s	ner	
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2008									X				below)	эреспу	
(Street) NASHVILLE TN 37203			37203			Ame	ndment, [of Original Fi	Month/Da	ıy/Year)		6. Ind Line)					n l			
(City)		state)	(Zip)			Person														
		Tak	ole I - Non	-Deriv	ative	Se	curities	Ac	quired, D	isp	osed o	of, or Be	nefic	ially	Owned					
				2. Trans	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				red (A) or istr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
No Securities Beneficially Owned															0		D			
		-	Table II - D						uired, Dis , options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Code (Inst				6. Date Exercisa Expiration Date (Month/Day/Year			of Secur Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)	
				c	code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amo or Num of Shar	ber						
Employee Stock Option (right to buy)	\$3.13	05/12/2008			A		7,500		05/12/2009	05	/12/2016	Common Stock	7,5	00	\$0.00	7,500		D		
Employee Stock Option (right to buy)	\$3.13	05/12/2008			A		15,000		05/12/2010	05	/12/2016	Common Stock	15,0	000	\$0.00	15,000)	D		
Employee Stock Option (right to buy)	\$3.13	05/12/2008			A		22,500		05/12/2011	05	/12/2016	Common Stock	22,5	500	\$0.00	22,500)	D		
Employee Stock Option (right to	\$3.13	05/12/2008			A		30,000		05/12/2012	05	5/12/2016	Common Stock	30,0	000	\$0.00	30,000)	D		

Explanation of Responses:

Remarks:

Jeffrey Doster

05/23/2008

** 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.

^{*} 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).