FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT (OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APF	PROVAL
OMB Number:	3235-0287
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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(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

Name and Address of Reporting Person* Convert Minks of the self-self-self-self-self-self-self-self-					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sousa Michael															Direct	or		10% Ov	vner	
(Last)	/E	iret)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						_ :	X Office below	r (give title)		Other (s below)	pecify			
				109/	09/20/2023 Executive Vice President															
500 11TH AVENUE NORTH			-	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable																
SUITE 1	000				4. 11	Amer	idment,	Date (of Or	riginal F	iled	(Month/D	ay/Yeaı	r)	Line	e)		`	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	ting
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication															
												ction was r is of Rule 1					ion or writter	plan t	hat is intende	d to
		Tab	le I - Non	-Deriv	ative	Sec	uritie	s Ac	qui	ired, C	isp	osed o	of, or	Ben	eficial	ly Owne	d			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action							(A) or	A) or 5. Amount of				7. Nature			
				Date (Month/I	Dav/Ye		Execution Date, f anv		e, Transaci Code (In				d Of (D) (Instr. 3,		. 3, 4 and	Securiti Benefic				of Indirect Beneficial
"						(Month/Day/Ye		ar) 8	8)	··· · ·					Owned	d Following		(I) (Instr. 4)	Ownership	
								7	Code V Amount		(A) or Pri		Price		ansaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock Holding								1							57,184			D		
		Т	able II - I													Owned		,		
			(e.g., p	uts,	calls	, warr	ants	s, op	ptions	, c	onverti	ble s	ecur	ities)					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			Date,		ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (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 Exe	e ercisable		cpiration ate	Title	N C	Amount or Number of Shares					
Destricts 1				_			Ť	``			+									
Restricted Share	\$0 ⁽¹⁾	09/20/2023			A		3,515			(2)		(3)	Comm Stoc		3,515	\$0	3,515	,	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 September 20, 2024, 20% vest on September 20, 2025, 30% vest on September 20, 2026, and the remaining 35% vest on September 20, 2027.
- 3. Not applicable.

/s/ Michael Sousa

09/21/2023

** 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.