Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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| STATEMENT | OF | CHANGES | IN BENEF | ICIAL | OWNER | SHIP |
|-----------|----|----------------|----------|-------|-------|------|
| | | | | | | |

OMB APPROVAL 3235-0287 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

| 1. Name and Address of Reporting Person* SHMERLING MICHAEL D | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] | | | | | | | | | | k all app Direc | tor | ng Per | 10% O | wner | |
|--|------|---------------------|-----------------|---------------------------------|---|---|--|--|--------|--|-------|--------------------|---|---|---|--|--|---|-----------|---------------------------------------|
| (Last) (First) (Middle) 500 11TH AVENUE NORTH | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2022 | | | | | | | | | Officer (give title below) | | | Other (below) | specify | |
| SUITE 1 | 000 | | | | | 4. If A | l. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NASHV | ILLE | TN | 3 | 7203 | | | | | | | | | | | X | | filed by On | | • | |
| (City) | | (Sta | te) (Z | ľip) | | | | | | | | | | | | Perso | | | | |
| , ,, | | | | | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | Benefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | Oate, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Secur Benef Owne | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | mount (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock Holding 12/12 | | | 12/12/2 | 2022 | | A | | 227(1) | A \$2 | | 4.83 | 3 127,331 | | | D | | | | | |
| | | | Tal | | | | | | | | | osed of, convertib | | | | Owned | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | cise (Month/Day/Yea | | Transaction 3A. Deeme Execution | | ion Date, Transa Code (I | | Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4) Amount of Numl of Title Shari | | De Sei (In: | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Shares represent stock the reporting person elected to receive in lieu of cash payable for service on the Company's Board of Directors.

/s/ Michael D. Shmerling

12/13/2022

** 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.