## SEC Form 4

## FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-0287

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Instruction 1(b).		Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours per response: 0.5				
			or Section 30(h) of the Investment Company Act of 1940						
	ss of Reporting Pers	son <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]		ionship of F all applicab	Reporting Person(s) to Issuer ble)			
<u>Taylor Tate Deborah</u>			[ ]	X	Director		10% Owner		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/07/2022		Officer (giv below)	ve title	Other (specify below)		
500 11TH AVE	NUE NORTH		03/07/2022						
SUITE 1000									
			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	dual or Joir	int/Group Filing (Check Applicable			
(Street)				X	Form filed by One Reporting Person				
NASHVILLE	TN	37203			Form filed by More than One F Person		One Reporting		
(City)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock Holding	03/07/2022		G		400	D	\$ <mark>0</mark>	19,978	D		
Common Stock Holding	03/08/2022		G		200	D	\$ <mark>0</mark>	19,778	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exer Expiration D (Month/Day/ (Month/Day)) (Month/Day/ (Month/Day/ (Month/Day)) (Month/Day/ (Month/Day)) (Month/Day) (Month/Da		te Amount of		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 Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

## <u>/s/ Deborah Taylor Tate</u>

0<u>3/09/2022</u> n Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.