FORM 4

obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. Con	

OMB APPROVAL										
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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*  McQuigg Michael Scott					<u>HI</u>	2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									of Reportin icable) or r (give title	g Person(s) to Issuer 10% Owner Other (specif		ner	
(Last) 500 11TI	.ast) (First) (Middle) 00 11TH AVENUE NORTH				3. Date of Earliest Transaction (Month/Day/Year) 10/27/2023									X Officer (give title Other (specify below)  Senior Vice President					
SUITE 1000				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NASHV	reet) ASHVILLE TN 37203					X Form filed by One Reporting Pe Form filed by More than One Re Person													
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed (	of, or Be	eneficia	lly Owne	d				
			Date	. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Benefic	es ially Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect c rect E ) (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	Transac (Instr. 3	tion(s)			(1130.4)	
Common Stock Holding 1				10/27	//2023				M		383(1	) <b>A</b>	\$0	14	,384	384 D			
Common Stock Holding 10/27				7/2023	2023			F		94(2)	D	\$25.	14 14	,290	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)		of		6. Date Ex Expiration (Month/Da	Date	r) Amount of Securitie Underlyin		of S Ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Share Units	\$0 <sup>(3)</sup>	10/27/2023			M			383	(4)		(5)	Common Stock	383	\$0	2,173		D		

## **Explanation of Responses:**

- 1. Shares acquired on vesting of restricted share units
- 2. Shares withheld for payment of tax liability.
- 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.
- 5. Not applicable.

/s/ M. Scott McQuigg

10/27/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.