FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT C	OF CHANGES I	N BENEFICIAL	<b>OWNERSHIP</b>

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

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

1. Name and Address of Reporting Person*  SHMERLING MICHAEL D						2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									Relationship neck all appli X Directo	cable)	g Person(s) to Issu 10% Owr			
	18 CHURCH STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/19/2018										Officer below)	(give title	Other (s below)		pecify	
SUITE 200				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NASHVILLE TN 37219															filed by One filed by More n		•			
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	า-Deriv	ative	Sec	uriti	es Ac	quired	, Dis	posed (	of, or	Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L			Execution Date,			Code	action (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	es ally Following	6. Own Form: (D) or I (I) (Inst	Direct C Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 03/19			/2018				М		2,846	(1)	A	\$0.00	0 113	3,376	D					
		Т									osed of converti				/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	1	Amount or Number of Shares						
Restricted Share Units	\$0.00 <sup>(2)</sup>	03/19/2018			М			849	(3)		(4)	Comi		849	\$0.00	0		D		
Restricted Share Units	\$0.00 <sup>(2)</sup>	03/19/2018			М			1,075	(5)		(4)	Comi		1,075	\$0.00	1,074		D		
Restricted Share	\$0.00 <sup>(2)</sup>	03/19/2018			M			922	(6)		(4)	Comi		922	\$0.00	1,844		D		

## **Explanation of Responses:**

- 1. Shares acquired on vesting of restricted share units.
- 2. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 3. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 10, 2016 in three equal installments.
- 4. Not applicable.
- 5. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 17, 2017 in three equal installments.
- 6. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 16, 2018 in three equal installments.

## Remarks:

Michael D. Shmerling

03/19/2018

\*\* 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.