FORM 4

UNITED S

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

STATES SECURITIES AND	EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response:

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	Check this box to indicate that a
1	transaction was made pursuant to a
	contract, instruction or written plan for
	the purchase or sale of equity
	securities of the issuer that is
	intended to satisfy the affirmative
	defense conditions of Rule 10b5-1(c).

1. Title of Security	(Instr. 3)		2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities A Disposed Of (5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Т	able I - No	n-Derivat	tive S	ecurities Acq	uired, Dis _l	oosed of, c	r Ben	eficially	Owned		
(City)	(State)	(Zip)								1 013011		
Street) NASHVILLE TN 37203			4. II AII	lendment, Date of	Onginal i lieu	(Monumbay) re	cai)	Line)	Form filed by One Form filed by Mor Person	Reporting Pers	on	
SUITE 1000			-	Δ If Δn	nendment, Date of	Original Filed	(Month/Day/Ve	aar)	6 India	ridual or Joint/Group	Filing (Check A	nnlicable
(Last) (First) (Middle) 500 11TH AVENUE NORTH				3. Date 10/30/	of Earliest Transact/2024	ction (Month/[Day/Year)			below)	below ce President	
1. Name and Address of Reporting Person* <u>Coady Trisha L</u>				2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]						tionship of Reporting all applicable) Director Officer (give title	10% C	
See Instruction	10.											

Code

Table II	10/30/2024	curities Acqui	rod [lien	417 ⁽²⁾	Bonot	\$28.95	23,566	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										

Amount

1,712(1)

			(e.g.,	puis,	Calls	, wa	IIIaiii	s, options	CONVENT	DIE SECT	ai iues)				
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)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Share Units	\$0 ⁽³⁾	10/30/2024		М			1,712	(4)	(5)	Common Stock	1,712	\$0	5,561	D	

Explanation of Responses:

Common Stock Holding

Common Stock Holding

- 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/ Trisha L. Coady

(A) or (D)

Price

\$0

10/31/2024

** Signature of Reporting Person

Reported Transaction(s)

(Instr. 3 and 4)

23,983

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).

10/30/2024

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.