FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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]										p of Reportin blicable) ctor	ng Pers	son(s) to Is	
	18 CHURCH STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2009									Officer (give title below)			Other (specify below)	
SUITE 200 (Street) NASHVILLE TN 37219 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indivi ine) X	'				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Co	Transaction Disposed O Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			Securi Benefi	cially I Following	Form:	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Co	de V	Amount		(A) or (D)	Price	Transa		action(s) 3 and 4)			(msu. 4)			
Common Stock 03/09/						/2009 03/09/2009		F		1,00	0	A	\$1.94		103,560			D		
Common Stock 03/09/						/2009 03/09/2009		F		5,76	0	A	\$1.95		109,320			D		
		Та	ble II - D								osed of, converti					ned				
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/Ye	Date,	4. Transactio Code (Inst 8)		n of		Expira	e Exerc ation Da th/Day/Y		Amount of					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Or Fo Di or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Nu	nber ares						

Explanation of Responses:

Remarks:

Michael Shmerling 03/10/2009

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).