FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BENE	FICIAL O	WNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	je burden								
hours per respon	se: 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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Coady Trisha L				1									Direct	or		10% Ov	vner			
/L act)	/ E	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						7	X Office below	(give title		Other (s below)	specify			
(Last)	`		(iviluale)		03/20/2024									Senior Vio	e Pre	esident				
500 11TH AVENUE NORTH				\vdash										_						
SUITE 1000				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																X Form	filed by One	Repo	orting Perso	n
NASHV	ILLE T	N :	37203													Form Perso		e thar	n One Repor	rting
(City)	(S	state) ((Zip)		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.										d to									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I			action	ction 2A. Deemed 3. Execution Date, Transaction			ion	4. Securities Acquired (A Disposed Of (D) (Instr. 3,			d (A) or : 3, 4 and	or 5. Amount of Securities				7. Nature of Indirect				
			(Month/l			if any (Month/Day/Yea			ode (Ins	(Instr. 5)		()(,			Benefic Owned				Beneficial Ownership	
					' ' ' '		•	Ė	′		[/A)		(A) or	Т	- Reporte	Reported Transaction(s)			(Instr. 4)	
									C	ode V	′	Amount	Amount (D)		Price		(Instr. 3 and 4)			
Common Stock Holding															15	,827		D		
		Т	able II - I													Owned				
			(e.g., p	uts,	calis	, warr	ants	s, op	tions	, c	onverti	DIE S	ecur	ities)					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)				Date,		Fransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		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 Exerc	cisable		cpiration	Title	1	Amount or Number of Shares					
Restricted							· <i>'</i>	 			+			-			\vdash	$\overline{}$		+
Share	\$0 ⁽¹⁾	03/20/2024			A		2,240		((2)		(3)	Comr		2,240	\$0	2,240		D	

Explanation of Responses:

- 1. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 2. The RSUs are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on March 20, 2025, 20% vest on March 20, 2026, 30% vest on March 20, 2027, and the remaining 35% vest on March 20, 2028.
- 3. Not applicable.

/s/ Trisha L. Coady

03/21/2024

** Signature of Reporting Person

Date

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).

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.