FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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## 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

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Name and Address of Reporting Person*     Doster Jeffrey						2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specifications)						
(Last) (First) (Middle) 209 10TH AVE. SOUTH SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2016									X Officer (give title Other (specify below)  Chief Technology Officer					
SUITE 450						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															X Form filed by One Reporting Person					
NASHVILLE TN 37203				_	Form filed by More than One Reporting Person													orting		
(City) (State) (Zip)														1 01301	•					
		Tab	le I - I	Non-Deri	vativ	e Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	enefic	cially	Owned	t				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y					Execution D (ear) if any		ution Date,		ction Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			i 5)	Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A) or (D) Price		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/26/20					2016	16		M		15,000	Α	\$2	\$2.01		8,944		D			
Common Stock 02/26/202					2016	16		S		15,000	D	\$20.9	\$20.9579 <sup>(1)</sup>		3,944		D			
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		cisable and	7. Title a Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Num of Shar	ber						
Employee Stock Option (right to buy)	\$2.01	02/26/2016			М			1,500	02/12/	/2010	02/12/2017	Commo Stock	<sup>n</sup> 1,5	00	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.01	02/26/2016			М			3,000	02/12/	/2011	02/12/2017	Commo Stock	n 3,0	00	\$0.00	0		D		
Employee Stock Option (right to buy)	\$2.01	02/26/2016			М			4,500	02/12/	/2012	02/12/2017	Commo Stock	<sup>n</sup> 4,5	00	\$0.00	0		D		
Employee Stock Option (right to	\$2.01	02/26/2016			M			6,000	02/12/	/2013	02/12/2017	Commo Stock	n 6,0	00	\$0.00	0		D		

## **Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from \$20.85 to \$21.39. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

## Remarks:

buy)

<u>Jeffrey Doster</u>

02/29/2016

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).