FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response: 0								

	tion 1(b).	nuc. See		Filed							ies Exchang mpany Act o		1934		nour	s per re	esponse:	0.5
Name and Address of Reporting Person*     SHMERLING MICHAEL D				2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [ HSTM ]									Check all	nship of Report applicable) Director	ing Pe	erson(s) to Is		
(Last) (First) (Middle) 500 11TH AVENUE NORTH					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021										Officer (give title pelow)			specify
SUITE 1000				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NASHV	ILLE TN	1 3	7203											F	Form filed by O Form filed by M Person			
(City)	(St	ate) (Z	Zip)															
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or Be	nefic	ially O	wned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execu- y/Year) if any		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		nd Se Be Ov	Amount of ecurities eneficially wned Following	Fori	m: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock Holding 12/10/				12/10/2	2021		A		229(1)	A	\$24	.61	122,782		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, (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 Expirat (Month)	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Deriva Securir (Instr. !	tive derivative ty Securities	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	V (A) (E		(D)	Date Exercis	able	Expiration Date	-	Number of Shares					

## **Explanation of Responses:**

1. Shares represent stock the reporting person elected to receive in lieu of cash payable for service on the Company's Board of Directors.

/s/ Michael D. Shmerling 12/13/2021

\*\* 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.