FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	SHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

						Jeen	JII 30(II)	<i>,</i> or the	- IIIV	Councin	1 0011	ipariy Act	01 13-	-						
1. Name and Address of Reporting Person* HARRIS C MARTIN					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
							3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020									Office below	r (give title)			specify
(Street) NASHVILLE TN 37203				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)													Perso	ori			
		Tab	e I - No	n-Deriv	ative	Se	curitie	es Ac	cqu	ired,	Dis	posed (of, or	Ber	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		•,	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefic	ies ially Following	Forn (D) o	n: Direct or Indirect orstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) or (D) Pri		Price	Transac	Transaction(s) (Instr. 3 and 4)			,iiisu. 4)
Common Stock 03/17/				/2020	2020			M		2,587 ⁽¹⁾ A		\$0.0	0 28	28,614		D				
		Т		Derivat (e.g., p												y Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security			3A. Deem Executior if any (Month/Da	n Date,	4. Transa Code (I 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year		e Ar ar) Se Ur De		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title		Amount or Number of Shares					
Restricted Share Units	\$0.00 ⁽²⁾	03/17/2020			М			922		(3)		(4)	Comr		922	\$0.00	0		D	
Restricted Share Units	\$0.00 ⁽²⁾	03/17/2020			M			879		(5)		(4)	Comr		879	\$0.00	879		D	
Restricted Share	\$0.00 ⁽²⁾	03/17/2020			M			786		(6)		(4)	Comr		786	\$0.00	1,573		D	

Explanation of Responses:

- 1. Shares acquired on vesting of restricted share units
- 2. Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- 3. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 16, 2018 in three equal installments.
- 4. Not applicable.
- 5. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 15, 2019 in three equal installments.
- 6. The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 15, 2020 in three equal installments.

Remarks:

C. Martin Harris, M.D. 03/18/2020

** Signature of Reporting Person

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.