FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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

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1. Name and Address of Reporting Person* POLLEY DALE W					2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]										k all app	tionship of Reportir all applicable) Director		rson(s) to Is			
(Last) 209 10TH SUITE 45	AVENUE	rst)	(Middle)				of Earlies 2006	st Trans	saction (Month/Day/Year)							Officer (give title below)		Other below)		(specify	
(Street) NASHVII	LLE TI	N ate)	37203 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reportin Person										on					
		Та	ble I - No	n-Deriv	ative	Se	curitie	es Acc	uired,	Dis	osed o	f, oı	r Ber	efic	ially	Owne	ed				
Date			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						4 and Sec Bei Ow		. Amount of ecurities eneficially bwned Following		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common S	Stock			11/02	/2006		11/02	/2006	P		2,070)	A	\$	3.64	2	2,070	D			
Common S	Stock			11/02	/2006		11/02	/2006	P		780		A	\$	3.59	2	2,850	D			
Common S	Stock			11/02	/2006		11/02	/2006	P		100		A	\$	3.6	2	2,950	D			
Common S	Stock 11/02/2006					11/02/2006		P		550		A	\$3.49		3,500			D			
Common S	mmon Stock 11/02				/2006 11/02/200			/2006	P		1,400		A	\$	3.43	4,900			D		
Common S	Stock			11/02	/2006	006 11/02/2006 P 100 A \$3.48 5,000 D															
			Table II -								sed of, onvertib					wned					
	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (I 8)		n of E		6. Date E: Expiratio (Month/D	n Date	e ar)	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		nstr. 3	Deri Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title Shares									

Explanation of Responses:

Remarks:

Dale W. Polley

11/03/2006

** 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).

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that Dale W. Polley has made, constituted and appointed, and by these presents does make, constitute and appoint Susan A. Brownie or Scotty Roberts as its true and lawful attorney-in-fact, for its and in its name, place and stead, and for its use and benefit, to do all things and to execute all documents necessary to ensure compliance with Section 16 reporting requirements associated with my relationship with HealthStream, Inc.

It is my intention by this instrument to grant unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever to accomplish the foregoing grant of power as shall be necessary to be done on my behalf as fully to all intents and purposes as I might or could do if I was present in person.

This power of attorney may be revoked by the undersigned only by specific revocation endorsed or written hereon, and until such revocation be endorsed or written hereon, all persons may rely upon this power of attorney as being in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand, the 11th day of September, 2006.

/s/ Dale W. Polley