

HEALTHSTREAM INC

Reported by **SOUSA MICHAEL**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/17/17 for the Period Ending 03/16/17

Address 209 10TH AVE SOUTH STE 450

NASHVILLE, TN 37203

Telephone 6153013100

CIK 0001095565

Symbol HSTM

SIC Code 7370 - Computer Programming, Data Processing, And

Industry Healthcare Facilities & Services

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Sousa Micha	امد				Н	EAI	LTHS	TREA	M II	NC I	HS	тм	1		(Cirour uir up)	, ()			
						HEALTHSTREAM INC [HSTM] 3. Date of Earliest Transaction (MM/DD/YYYY)									Director 10% Owner				
(Last) (First) (Middle)					5. Date of Earliest Transaction (MINI/DD/YYYY)										X Officer (give title below) Other (specify below)				
209 10TH AVE. SOUTH, SUITE 450						3/16/2017									Senior Vice President				
	(Stre	eet)			4.	If An	nendme	ent, Date	Origi	nal F	iled (MM/D	D/YYYY	<i>"</i>)	6. Individual o	or Joint/G	roup Filing	(Check Appl	licable Line
NIA CHIVITI	E TN 27	202																	
NASHVILLE, TN 37203															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
((City) (Sta	ate)	(Zip)																
			Tabl	le I - Non-	-Dei	rivati	ive Sec	urities A	cqui	red, I	Dispo	sed o	of, or B	ene	eficially Owne	ed			
1. Title of Security 2. Trans.										Code 4. Securities Acquired (A) 5.					Amount of Securiti	6.	7. Nature		
(Instr. 3)						Execu	ition if any	(Instr. 8)			or Disposed of (D (Instr. 3, 4 and 5)				Following Reported Transaction(s) Ownership of Indi (Instr. 3 and 4) Ownership of Indi Benefi			of Indirect Beneficial	
						Date,	ii aiiy			(IIIst	1. 5, 4	and 3)		(111.	su. 5 and 4)			Direct (D)	Ownership
												(A) or						or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amo	ount	(Ď)	Price					4)	
Common Stock																22619		D	
	Tab	la II D	orivativ	vo Soourit	ios l	Dono	ficially	Owned	(a a	nut	e 00	lle w	arrant	e 0	options, conve	rtible see	nurities)		
Title of Derivate	2.	3. Trans.			Frans.		5. Numb			te Exe					Amount of	8. Price of	· · · · ·	10.	11. Nature
Security	Conversion	Date	Exec	cution Co	de	Derivative				ration 1	Date Securities		s Ur	Jnderlying Derivative derivative			Ownership	of Indirect	
(Instr. 3)	or Exercise Price of		Date	, if any (In:	str. 8)	(A) or Di (D)		es Acquired risposed of					Derivative (Instr. 3 and				Securities Beneficially	Form of Derivative	Beneficial Ownership
	Derivative							•							,	, ,	Owned	Security: Direct (D)	(Instr. 4)
	Security					1	(IIISII. 3,	4 and 5)							Amount or	-	Following Reported	or Indirect	1
									Date	cisable		ration	Title		Number of		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Destaired Cham				C	ode	V	(A)	(D)					C		Shares		(mstr. 1)	.,	
Restricted Share Units	\$0.00 (1)	3/16/20	17		A		4859			(2)	1	(3)	Commo Stock	on	4859	\$0.00	4859	D	
Explanation of	Resnonses	•																	
(responses	.•																	
Each restric	ted share u	nit (RSU	J) repres	sents the c	onti	ngen	t right t	o receive	one	share	of co	ommo	on stock	c up	pon vesting of	the unit.			
(The RSU's	are subject i	to a four	vear ve	esting sche	dul	e cor	ntingent	t unon co	ntinıı	ed se	rvice	at the	e time o	of v	esting. 15% v	est on Ma	arch 16, 201	8 20% ve	est on
2) March 16, 2														JI 1	Coung. 1370 v	est on ivit	10, 201	3, 2 07 0 10	.50 011
(Not applica	ble																		
3) Not applica	oie.																		
D 4 0																			
Reporting Own	iers				D 1	,·	1 '			7									
Reporting Owner Name / Address			R Director 10% Owne			elationships			04										
Carra Miah			rector	10% Own	erO	itice	Γ		Othe	Т									
Sousa Michael 209 10TH AVE	COUTU																		
SUITE 450					S	enior	· Vice F	President											

Signatures

NASHVILLE, TN 37203

Michael Sousa

**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.

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