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HEALTHST	TREAM INC											
Form 4												
March 09, 20	009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	3235-0287		
Check th	is box		Was	shingto	n, I	D.C. 20	549			Number:		
if no lon	ger									Expires: January 20		
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Estimated average burden hours per			
Section 1 Form 4 c	Section 16. SECURITIES											
Form 5		sugnt to S	action 1	6(a) of t	tha	Securi	tion F	Tychong	e Act of 1934,	response	0.5	
obligatio	ons Section 17(•	1935 or Section	1		
may con	unue.			•		•	-	t of 194		L		
See Instr 1(b).	uction	00(11)				, on par			~			
(Print or Type]	Responses)											
		- *									<i>(</i>)	
CINTERI NICINICIA EL D					Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
SHMERLING MICHAEL D Symbol Issuer HEALTHSTREAM INC [HSTM]						135001						
HEALT					EAN	M INC	[HS	IMJ	(Check all applicable)			
				of Earliest Transaction								
				Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
018 CHUR	CH SIKEEI, SU	TTE 200	03/06/2	009					below)	below)	(speeny	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				(Month/Day/Year)					Applicable Line)			
									X Form filed by O Form filed by M			
NASHVILI	LE, TN 37219								Person		porting	
(City)	(State)	(Zip)	Tabl	le I - Non	-De	rivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4	4. Securi	ties A	cauired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution		Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect	
(Instr. 3)		any	Code (Instr. 3, 4 and 5) (Instr. 8)				5)	Owned	(D) or Owner			
		(Month/Day/Year)								Ownership (Instr. 4)		
									Reported	(Instr. 4)	(1130. 4)	
							(A) or		Transaction(s)			
				Code V	V A	Amount	(D)	Price	(Instr. 3 and 4)			
Common	03/06/2009	03/06/20	000	Р	5	5,000	А	\$	100,560	D		
Stock	05/00/2009	05/00/20		1	~	,000	Α	1.9187	100,500	D		
Common	0010610000	00100100		P				100 5 50	D		
Stock	03/06/2009	03/06/20)09	Р	2	2,000	А	\$ 1.98	102,560	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
SHMERLING MICHAEL I 618 CHURCH STREET SUITE 200 NASHVILLE, TN 37219) X							
Signatures								
Michael D. Shmerling	03/09/2009							
<u>**</u> Signature of	Date							

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.