#### **HEALTHSTREAM INC**

Form 4 July 01, 2015

# FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Schultz Thomas			2. Issue Symbol	er Name <b>ar</b>	d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
			HEAL	ΓHSTRE	AM INC [HSTM]	(Che	ck all applicable	e)		
(Last)	(First)	(Middle)	3. Date o	f Earliest	Γransaction	`	* * *	ĺ		
			(Month/I	Day/Year)		Director	10%			
209 10TH AVE. SOUTH, SUITE			06/30/2	2015		_X_ Officer (giv below)	re title Other below)	er (specify		
450						Senio	or Vice Presiden	ıt		
(Street)			4. If Amo	endment, I	Date Original	6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person					
NASHVIL	LE, TN 37203					Form filed by Person	1 0			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	quired, Disposed o	of, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3.	4. Securities Acquired	5. Amount of Securities	6. Ownership Form: Direct			
Security	(Month/Day/Ye	ai) Executi	on Date, if	Transaci	tion(A) or Disposed of (D)	Securities	roini. Direct	munect		

	Tabl	e I - Noll-D	erivative	Secui	nues Acq	uirea, Disposea o	i, or belieficial	iy Owned
2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of
(Month/Day/Year)	Execution Date, if Transaction(A) or Disposed of			d of (D)	Securities	Form: Direct	Indirect	
	any	Code (Instr. 3, 4 and 5)			5)	Beneficially	(D) or	Beneficial
	(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
						Following	(Instr. 4)	(Instr. 4)
				( )		Reported		
						Transaction(s)		
		Code V	Amount		Price	(Instr. 3 and 4)		
				(-)				
06/30/2015		M		A	\$ 0	1,200	D	
			(1)					
06/30/2015		F	329 (2)	D	\$ 30.42	871	D	
	(Month/Day/Year) 06/30/2015	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed (Month/Day/Year)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (Instr. 8)  Code V  06/30/2015 M	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 3, (Instr. 8))  Code V Amount 1,200 (1)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D) (1) (1) (A) (1) (A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 3, 4 and 5) (Instr. 8)  Code (Instr. 3, 4 and 5)  (A) or Code V Amount (D) Price 1,200 A \$ 0	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if Transaction(A) or Disposed of (D) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  Code V Amount (D) Price  M 1,200 A \$ 0 1,200	(Month/Day/Year) Execution Date, if any (Code (Instr. 3, 4 and 5) (Do or (Indirect (I) Following (Instr. 4)) Execution Date, if any (Do or (Instr. 4)) Execution Date is any (Do or (Instr. 4)) Execut

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.

SEC 1474

(9-02)

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# 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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Share Units	\$ 0 (3)	06/30/2015		M	1,200	06/22/2015 <u>(4)</u>	(5)	Common Stock	1,200

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Senior Vice President

Schultz Thomas

209 10TH AVE. SOUTH

SUITE 450

NASHVILLE, TN 37203

### **Signatures**

Thomas Schultz 07/01/2015

\*\*Signature of Date

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).
- (1) Shares acquired on vesting of restricted share units.
- (2) Shares withheld for payment of tax liability.
- (3) Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- (4) The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vest on June 22, 2015, 20% vest on June 22, 2016, 30% vest on June 22, 2017, and the remaining 35% vest on June 22, 2018.
- (5) Not applicable.

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.

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