

Doster Jeffrey
 Form 4
 January 10, 2018

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Doster Jeffrey

(Last) (First) (Middle)
 209 10TH AVE. SOUTH, SUITE 450
 (Street)

NASHVILLE, TN 37203

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 HEALTHSTREAM INC [HSTM]

3. Date of Earliest Transaction (Month/Day/Year)
 01/10/2018

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Chief Information Officer

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ____ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D) Price			
Common Stock	01/10/2018		M	20,000 A \$ 3.58	30,235	D	
Common Stock	01/10/2018		M	25,000 A \$ 7.66	55,235	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.

SEC 1474 (9-02)

Edgar Filing: Doster Jeffrey - Form 4

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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)	
						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
				Code	V (A) (D)				
Employee Stock Option (right to buy)	\$ 3.58	01/10/2018		M	2,000	02/11/2011	02/11/2018	Common Stock	2,000
Employee Stock Option (right to buy)	\$ 3.58	01/10/2018		M	4,000	02/11/2012	02/11/2018	Common Stock	4,000
Employee Stock Option (right to buy)	\$ 3.58	01/10/2018		M	6,000	02/11/2013	02/11/2018	Common Stock	6,000
Employee Stock Option (right to buy)	\$ 3.58	01/10/2018		M	8,000	02/11/2014	02/11/2018	Common Stock	8,000
Employee Stock Option (right to buy)	\$ 7.66	01/10/2018		M	3,750	02/11/2012	02/11/2019	Common Stock	3,750
Employee Stock Option (right to buy)	\$ 7.66	01/10/2018		M	5,000	02/11/2013	02/11/2019	Common Stock	5,000
Employee Stock	\$ 7.66	01/10/2018		M	7,500	02/11/2014	02/11/2019	Common Stock	7,500

Option
(right to
buy)

Employee
Stock

Option (right to buy)	\$ 7.66	01/10/2018		M	8,750	02/11/2015	02/11/2019	Common Stock	8,750
-----------------------------	---------	------------	--	---	-------	------------	------------	-----------------	-------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Doster Jeffrey 209 10TH AVE. SOUTH SUITE 450 NASHVILLE, TN 37203			Chief Information Officer	

Signatures

Jeffrey Doster	01/10/2018
**Signature of Reporting Person	Date

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.