### Edgar Filing: HEALTHSTREAM INC - Form 4

	TREAM INC										
Form 4 November 2	28 2011										
	ЛЛ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5 obligation	nger to 16. or Filed pu	Section	<b>CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> ection 16(a) of the Securities Exchange Act of 1934,					burden hour response	Estimated average burden hours per		
obligations may continue. See Instruction 1(b).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 <u>*</u> MCLAREN JEFFREY L			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]				]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		of Earliest T		[115	1 101	(Check	all applicable	)	
209 10TH AVENUE SOUTH, SUITE 450			(Month/Day/Year)					_X_ Director10% Owner Officer (give titleOther (specify below)			
:				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NASHVIL	LE, TN 37203						-	Person	ore than One Rej	portung	
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			Date, if	Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following	OwnershipIForm:EDirect (D)Cor Indirect(	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	11/23/2011			М	5,000	А	\$ 1.39	92,467	D		
Common Stock	11/23/2011			S	30,000	D	\$ 15.4375	62,467	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.

#### Edgar Filing: HEALTHSTREAM INC - 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. Transacti Code (Instr. 8)	5. Number or of Derivati Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	e Expiration Da (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 1.39	11/23/2011		М	5,00	0 05/31/2002	2 05/31/2012	Common Stock	5,000	

### **Reporting Owners**

Reporting Owner Nat	Relationships						
	Director	10% Owner	Officer	Other			
MCLAREN JEFFREY L 209 10TH AVENUE SOU NASHVILLE, TN 37203	Х						
Signatures							
Jeffrey McLaren	11/28/2011						
<u>**</u> 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).
- (1) This amount represents the \$16.25 secondary public offering price per share of common stock, no par value ("Common Stock"), of HealthStream, Inc. less the underwriting discount of \$0.8125 per share of Common Stock.

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.