## Edgar Filing: SHMERLING MICHAEL D - Form 4

| SHMERLIN<br>Form 4                      | G MICHAEL                         | D                    |                                |  |            |        |             |  |  |  |  |
|---|-----------------------------------|----------------------|--------------------------------|--|------------|--------|-------------|--|--|--|--|
| August 07, 20                           | 017                               |                      |                                |  |            |        |             |  |  |  |  |
| FORM                                    | 4                                 |                      | CECUE                          |  |            |        |             |  | OMB AF   |  |  |
| -                                       | UNITE                             | D STATES             |                                | shington,  |            |        | NGE C       | OMMISSION  | OMB<br>Number:   |  |  |
| Check thi<br>if no long                 | or                                |                      |                                |  |            |        |             |  | Expires:   | -                                      |  |
| subject to<br>Section 1                 | 6. <b>SIAI</b>                    | EMENT O              | F CHAN                         | GES IN I<br>SECUR                                |            | ICIA   | LOW         | NERSHIP OF   | Estimated a<br>burden hou  | verage<br>rs per                       |  |
| Form 4 or<br>Form 5                     |                                   | our cuant to         | Saction 1                      | 6(a) of the                                      | Soourit    | ion E  | vohona      | e Act of 1934,   | response   | 0.5                                    |  |
| obligation                              | <sup>18</sup> Section 1           |                      |                                |  |            |        | U           | 1935 or Section  | n  |  |  |
| may conti<br><i>See</i> Instru<br>1(b). | inue.                             |                      |                                | vestment   | •          | · ·    |             |  |  |  |  |
| (Print or Type R                        | Responses)                        |                      |                                |  |            |        |             |  |  |  |  |
|   | ddress of Reporti                 |                      | 2. Issuer<br>Symbol            | Name and   | Ticker or  | Tradiı | ng          | 5. Relationship of Issuer  | Reporting Pers   | son(s) to                              |  |
|   |                                   |                      | -                              | HSTREA   | M INC      | [HST   | [M]         | (Chao)   | k all applicable   | `                                      |  |
| (Last)                                  | (First)                           | (Middle)             | 3. Date of                     | Earliest Tra                                     | ansaction  |        |             | (Check   | k all applicable   | )                                      |  |
| 618 CHURC                               | CH STREET, S                      | SUITE 200            | (Month/D<br>08/07/20           | •  |            |        |             | X_ Director<br>Officer (give<br>below)   |  | % Owner<br>her (specify                |  |
|   | (Street)                          |                      | 4. If Ame                      | ndment, Da                                       | te Origina | l      |             | 6. Individual or Jo  | oint/Group Filin   | g(Check                                |  |
| NASHVILI                                | .E, TN 37219                      |                      | Filed(Mor                      | th/Day/Year)                                     | )          |        |             | Applicable Line)<br>_X_ Form filed by C<br>Form filed by M   |  | Owner<br>r (specify<br>g(Check<br>rson |  |
|   | 2, 11( 5721)                      |                      |                                |  |            |        |             | Person   |  |  |  |
| (City)                                  | (State)                           | (Zip)                | Tabl                           | e I - Non-D                                      | erivative  | Secur  | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned                               |  |
| 1.Title of<br>Security<br>(Instr. 3)    | 2. Transaction I<br>(Month/Day/Ye | ar) Execution<br>any | ned<br>n Date, if<br>Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3, | spose  | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  |  |
| Common<br>Stock                         | 08/07/2017                        |                      |                                | M  | 7,500      | A      | \$<br>12.23 | 110,530  | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | ionof D<br>Secu<br>Acq<br>(A)<br>Disp<br>(D) | urities<br>uired<br>or<br>oosed of<br>r. 3, 4, | 6. Date Exercis<br>Expiration Dat<br>(Month/Day/Y | e                  | 7. Title and A<br>Underlying S<br>(Instr. 3 and | Securities                             |
|---|---|---|---|---------------------------------------|--|--|---|--------------------|---|--|
|   |   |   |   | Code V                                | " (A)  | (D)  | Date<br>Exercisable                               | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(right to<br>buy)    | \$ 12.23  | 08/07/2017                              |   | М                                     |  | 2,500  | 05/26/2013  | 05/26/2019         | Common<br>Stock                                 | 2,500                                  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)    | \$ 12.23  | 08/07/2017                              |   | М                                     |  | 5,000  | 05/26/2014  | 05/26/2019         | Common<br>Stock                                 | 5,000                                  |

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## **Reporting Owners**

| Reporting Owner Name / Address   |           |           |         |       |
|--|-----------|-----------|---------|-------|
|  | Director  | 10% Owner | Officer | Other |
| SHMERLING MICHAEL D<br>618 CHURCH STREET<br>SUITE 200<br>NASHVILLE, TN 37219 | Х         |           |         |       |
| Signatures   |           |           |         |       |
| Michael 0<br>Shmerling   | 8/07/2017 |           |         |       |
| <u>**</u> Signature of   | 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.

Reporting Person