GORDON FRANK

Form 4 March 16, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GORDON FRANK		2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check all applicable)				le)				
, ,	END AVE., SU		(Month/D	ay/Year)	unsaction			X Director Officer (girls) below)		% Owner her (specify	
NASHVILL	(Street) J.E., TN 37203			ndment, Da th/Day/Year				6. Individual or Applicable Line) _X_ Form filed by Form filed by Person	_	Person	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securitie	es Ac	quired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any		3.	4. Securi onAcquired Disposed (Instr. 3,	ties (A) or (A) and 5) (A) or		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	
Stock								181,529	D		
Common Stock								100,000	I	Held by Crofton Capital	
Common Stock								11,386	I	Held by The Joel Company	
Common Stock								2,500	I	Custodial account for	

minor child - Gavin B.

Reminder: Report on a separate line for each class of securities bene	eficially owned directly or indirectly.	- Cameron L. Gordon
	Persons who respond to the collection of information contained in this form are not required to respond unless the form	SEC 1474 (9-02)

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

number.

displays a currently valid OMB control

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. Number out of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code		(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	\$ 0 (1)	03/15/2018		A		2,636		(2)	(3)	Common Stock	2,636	\$

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
•	Director	10% Owner	Officer Other						
GORDON FRANK 3102 WEST END AVE. SUITE 650 NASHVILLE, TN 37203	X								
Signatures									
Frank E. Gordon	03/16/2018								
**Signature of Reporting Person	Date								

Reporting Owners 2

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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) Each restricted share unit (RSU) represents the contingent right to receive one share of common stock upon vesting of the unit.
- (2) The RSU's are subject to a three year vesting schedule, contingent upon continued service at the time of vesting. The RSU's vest annually beginning March 15, 2019 in three equal installments.
- (3) 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.