Edgar Filing: HEALTHSTREAM INC - Form 4

HEALTHST	FREAM INC										
Form 4											
June 27, 201	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURIT					TIES AND EXCHANGE COMMISSION nington, D.C. 20549				OMB Number:	3235-0287	
Check th if no lon subject to Section	ger STATI 0 STATI 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31 2009 Estimated average burden hours per	
Form 4 c Form 5 obligatio may con <i>See</i> Instr 1(b). (Print or Type 2	Filed points tinue. Section 1 uction	Public U	ation 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940					response	0.5		
		ng Darson *	. .		1 m 1			5 Deletionship of	Doporting Dor	aon(s) to	
1. Name and Address of Reporting Person <u>*</u> Schultz Thomas			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(an applicable)			
209 10TH A 450	AVE. SOUTH,	SUITE	(Month/D 06/27/2	-				Director X Officer (give below) Senior		Owner er (specify t	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NASHVILI	LE, TN 37203							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
_				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	06/27/2016			М	1,600 (1)	А	\$0	2,776	D		
Common Stock	06/27/2016			F	435 <u>(2)</u>	D	\$ 25.15	2,341	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	Code	5. Number ionof 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)		8. Pr Deriv Secu (Inst
			Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	\$ 0	06/27/2016	М	1,600	(3)	<u>(4)</u>	Common Stock	1,600	\$

Reporting Owners

Reporting Owner Name / Addres	55	Relationships						
Reporting O when I tunie / I turie.	Director	10% Owner	Officer	Other				
Schultz Thomas 209 10TH AVE. SOUTH SUITE 450 NASHVILLE, TN 37203			Senior Vice President					
Signatures								
Thomas Schultz	06/27/2016							

**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) Shares acquired on vesting of restricted share units.
- (2) Shares withheld for payment of tax liability.
- The RSU's are subject to a four year vesting schedule, contingent upon continued service at the time of vesting. 15% vested on June 22, (3)2015, 20% vested on June 22, 2016, 30% vest on June 22, 2017, and the remaining 35% vest on June 22, 2018.
- (4) 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.