Edgar Filing: HEALTHSTREAM INC - Form 4

HEALTHST	REAM INC										
Form 4											
March 17, 20	17										
FORM	4									PPROVAL	
	UNITEL) STATES		ITIES AN hington, l			NGE (COMMISSION	OMB Number:	3235-0287	
if no longe subject to Section 16	Check this box if no longer STATEMENT OF CHANCES IN BENEFICIAL OWNERSHIP OF						burden hou	Expires:January 31 2005Estimated average burden hours per response0.5			
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section 17	7(a) of the		lity Holdi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Taylor Tate Deborah			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) 209 10TH A 450	(First) VE. SOUTH, S	(Middle)	3. Date of (Month/Da 03/16/20	-	nsaction			X Director Officer (give below)	10%	6 Owner er (specify	
	(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 			
NASHVILL	E, TN 37203								More than One Re		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecurit	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executionary	xecution Date, if Tra ny Co Month/Day/Year) (In		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock								12,188	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number tionof Derivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration D (Month/Day)	Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	V (A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	\$ 0 <u>(1)</u>	03/16/2017		А	2,766	(2)	(3)	Common Stock	2,766	\$

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Reporting Owners

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
Taylor Tate Deborah 209 10TH AVE. SOUTH SUITE 450 NASHVILLE, TN 37203	Х						
Signatures							
Deborah Taylor Tate	03/17/2017						

<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) 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 16, 2018 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.