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HEALTHST	REAM INC										
Form 4											
July 01, 2015	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	OMB APPROVAL		
	UNITED	STATES			ND EXC , D.C. 205		IGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Section 16.				CHANGES IN BENEFICIAL OWNEI SECURITIES					Expires: Estimated a burden hou	-	
Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed pu ns Section 17	(a) of the		ility Hol	ding Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	response n	0.5	
(Print or Type R	Responses)										
FRIST ROBERT A JR Sy			Symbol	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) UITE	3. Date of (Month/Date) (Month/	•	ransaction			X Director X Officer (give below)	X 109		
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NASHVILL	E, TN 37203							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		on Date, if	Code (D)				Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	06/30/2015			Code V D	Amount 54,241	or (D) D	Price \$ 0	(Instr. 3 and 4) 5,104,435	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Unde Secur	le and unt of rlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	55	Relationships						
	Director	10% Owner	Officer	Other				
FRIST ROBERT A JR 209 10TH AVE. SOUTH SUITE 450 NASHVILLE, TN 37203	Х	Х	CEO					
Signatures								
Robert A. Frist	07/01/2015							

<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).

On June 30, 2015, Robert A. Frist, Jr., the chief executive officer of HealthStream, Inc. (the "Company"), contributed 49,310 of his shares of Company common stock to the Company, without any consideration paid to Mr. Frist. This contribution is for the benefit of certain Company employees who are not otherwise eligible to receive equity grants and have at least one year of service with the Company. The Company has approved the grant of that same number of shares contributed by Mr. Frist under its 2010 Stock Incentive Plan to eligible

(1) Company has approved the grant of that same number of shares contributed by Mr. This under its 2010 stock incentive than to engine employees, which shares will be issued in late August 2015 and will not be subject to any vesting conditions. In addition, on June 30, 2015, Mr. Frist contributed an additional 4,931 shares to the Company, without consideration paid to Mr. Frist, which amount is equivalent to the estimated Company costs associated with the equity grants, such as administrative expenses and employer payroll taxes which will be associated with the grants.

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.