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HEALTHST	REAM INC								
Form 4									
November 03	5, 2007								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287
Check thi								Expires:	January 31,
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average		
	Section 16. SECURITIES						burden hours per		
	Form 4 or						response	•	
Form 5 obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								
may cont		a) of the Public U	•	•	- ·			n	
See Instru		30(h) of the In	vestment	Company	y Act	of 194	40		
1(b).									
(Print or Type F	Responses)								
1 Name and A	ddress of Reporting F	Derson* a t	N	TC ' 1 T	F 1'		5 Relationship of	Reporting Per	son(s) to
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer REBROVICK LINDA Symbol Issuer							Reporting I en	501(5) 10	
1122110 110		Symbol HEALT	HSTREA	M INC I	нст	MI			
<i></i>	(First) (N			-	1151	lv1]	(Check	k all applicable	:)
(Last)		3. Date of Earliest Transaction				V Director	100	Oruman	
772 DARDI		(Month/Day/Year) 11/05/2007				X_ Director 10% Owner Officer (give titleOther (specify below) below)			
, 12 Di ilitor	11/05/2								
	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mor	nth/Day/Year)			Applicable Line)		
	E EN 27205						_X_Form filed by C Form filed by M		
NASHVILL	LE, TN 37205						Person		1 0
(City)	(State) ((Zip) Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities Acquired			Securities Beneficially	6. Ownership 7. N	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Code (Instr. 3, 4 and 5)				Form: Direct		
(Instr. 3)		any (Month/Day/Year)					· · /	Beneficial Ownership	
		(Wohth Duy) Tear)	(1134.0)				Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
					or		Transaction(s) (Instr. 3 and 4)		
~			Code V	Amount	(D)	Price	(Insu: 5 and 4)		
Common	11/05/2007	11/05/2007	М	15,000	А	\$	15,000	D	
Stock						1.24			
Common	11/05/2007	11/05/2007	М	5,000	А	\$	20,000	D	
Stock	21,00,2007	1,00,2007		2,000	• •	1.66	_0,000		

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. Transacti Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 1.66	11/05/2007	11/05/2007	М	5,000	05/31/2001	05/31/2011	Common Stock	5,000
Employee Stock Option (right to buy)	\$ 1.24	11/05/2007	11/05/2007	М	15,000	04/27/2001	04/27/2011	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Addres	5S	Relationships						
	Director	10% Owner	Officer	Other				
REBROVICK LINDA 772 DARDEN PLACE NASHVILLE, TN 37205	Х							
Signatures								
Linda Rebrovick	11/05/2007							

Linda Rebrovick 11/05/2007 <u>**</u>Signature of Date Reporting Person

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.