HEALTHSTREAM INC

Form 4 April 08, 2008

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

Estimated average burden hours per

OMB APPROVAL

response...

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

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

209 10TH AVENUE

1. Name and Address of Reporting Person * O'Hara Kevin P

2. Issuer Name and Ticker or Trading Symbol

HEALTHSTREAM INC [HSTM]

5. Relationship of Reporting Person(s) to Issuer

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

04/04/2008

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

below) below) Senior Vice President

SOUTH, SUITE 450 (Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

NASHVILLE, TN 37203

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

Edgar Filing: HEALTHSTREAM INC - Form 4

| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|--|------------------------------------|------------|------------------|------------|--|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (right to buy) | \$ 2.8 | 04/04/2008 | 04/04/2008 | A | 3,200 | 04/04/2009 | 04/04/2018 | Common Stock | 3,200 |
| Employee Stock Option (right to buy) | \$ 2.8 | 04/04/2008 | 04/04/2008 | A | 6,400 | 04/04/2010 | 04/04/2018 | Common Stock | 6,400 |
| Employee Stock Option (right to buy) | \$ 2.8 | 04/04/2008 | 04/04/2008 | A | 9,600 | 04/04/2011 | 04/04/2018 | Common Stock | 9,600 |
| Employee Stock Option (right to buy) | \$ 2.8 | 04/04/2008 | 04/04/2008 | A | 12,800 | 04/04/2012 | 04/04/2018 | Common Stock | 12,800 |

Reporting Owners

| Reporting Owner Name / Address | ationships |
|--------------------------------|------------|
|--------------------------------|------------|

Director 10% Owner Officer Other

O'Hara Kevin P

209 10TH AVENUE SOUTH

SUITE 450

NASHVILLE, TN 37203

Senior Vice President

Signatures

/s/ Kevin O'Hara 04/08/2008 **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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

Edgar Filing: HEALTHSTREAM INC - Form 4

| 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. | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |