HEALTHSTREAM INC

Form 4/A June 03, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Issuer

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

Expires:

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

GORDON FRANK

1. Name and Address of Reporting Person *

				HEALT	HSTREA	M INC [HSTM]		(Ch	Check all applicable)	
(Last) (First) (Middle) 3102 WEST END AVE., SUITE 650			3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street) NASHVILLE, TN 37203			4. If Amendment, Date Original Filed(Month/Day/Year) 05/30/2008				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acc				quired, Disposed of, or Beneficially Owned			
	1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	emed on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D) 4 and 5) (A) or	rice	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								136,000	I	Held by Crofton Capital
	Common Stock								11,386	I	Held by The Joel Company
	Common Stock								2,500	I	Custodial account for minor child - Gavin B.

Edgar Filing: HEALTHSTREAM INC - Form 4/A

	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.			
Common Stock Reminder: Report on a separate line for each class of securities benef	2,500 I decially owned directly or indirectly.		account for minor child - Cameron L. Gordon	
			Gordon Custodial	

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)	Transaction of Derivative		rivative Expiration Date rities (Month/Day/Year) rired r osed of . 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option (right to buy)	\$ 2.99	05/29/2008	05/29/2008	A	6,000	05/29/2008(1)	05/29/2018	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Addre	Relationships s							
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other				
GORDON FRANK 3102 WEST END AVE. SUITE 650 NASHVILLE, TN 37203	X							
Signatures								
Frank Gordon	06/03/2008							
**Signature of Reporting Person	Date							

Reporting Owners 2

Edgar Filing: HEALTHSTREAM INC - Form 4/A

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) This Form 4/A is being filed to amend the vesting date of the May 29, 2008 stock option award.

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.