Edgar Filing: HARRIS C MARTIN - Form 4

HARRIS C N	ARTIN										
Form 4 May 26, 201	1										
•									OMB A	PPROVAL	
FORM	UNIT	ED STATES		ITIES Al hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	or			~~~~		~			Expires:	January 31, 2005	
subject to STATEMENT OF			F CHAN	CHANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a	average	
Section 10 Form 4 or				SECUN	IIIE5				burden hou response	•	
Form 5	Filed	pursuant to	Section 16	6(a) of the	Securiti	es Ex	chang	ge Act of 1934,	100001100	0.0	
obligatior may conti				•	•	• •		f 1935 or Sectio	n		
See Instru		30(h)) of the Inv	vestment	Company	/ Act	of 19	40			
1(b).											
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <u>*</u> HARRIS C MARTIN			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			HEALT	HEALTHSTREAM INC [HSTM]				(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	insaction						
209 10TH AVE. SOUTH, SUITE			(Month/Day/Year) 05/26/2011			_X_ Director10% Owner Officer (give titleOther (specify					
450		, ~	05/20/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				below)	below)		
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NASHVILL	E, TN 37203								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
(Instr. 3) ar		ear) Executi any	emed on Date, if /Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock					7 milount		Thee	0	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. Transactio Code (Instr. 8)	5. Number on f Derivative 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)	\$ 12.23	05/26/2011	05/26/2011	А	5,000	05/26/2013	05/26/2019	Common Stock	5,000
Employee Stock Option (right to buy)	\$ 12.23	05/26/2011	05/26/2011	А	5,000	05/26/2012	05/26/2019	Common Stock	5,000
Employee Stock Option (right to buy)	\$ 12.23	05/26/2011	05/26/2011	A	5,000	05/26/2014	05/26/2019	Common Stock	5,000

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
HARRIS C MARTIN 209 10TH AVE. SOUTH SUITE 450 NASHVILLE, TN 37203	X							
Signatures								
C. Martin Harris	05/26/2011							
<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).

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.