#### **HEALTHSTREAM INC**

Form 4 May 30, 2008

## FORM 4

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

OMB Number:

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

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

Estimated average burden hours per response...

**OMB APPROVAL** 

Expires:

3235-0287

January 31,

2005

0.5

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** GORDON FRANK |                     | 2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM] |                                | 5. Relationship of Reporting Person(s) to Issuer |                    |   |
|---|---------------------|---|--------------------------------|--|--------------------|---|
| (Last)  | (First) (N          | Middle)   | 3. Date of Earliest            | Transaction                                      | (Cne               | eck all applicable)                             |
| , ,   | END AVE., SU        | ,   | (Month/Day/Year)<br>05/29/2008 |  |                    | e titleOther (specify below)                    |
|   | (Street)            |   | 4. If Amendment,               | Date Original                                    | 6. Individual or 3 | Joint/Group Filing(Check                        |
| NASHVILL  | E, TN 37203         |   | Filed(Month/Day/Ye             | ear)   |                    | One Reporting Person<br>More than One Reporting |
| (City)  | (State)             | (Zip)   | Table I - Non                  | -Derivative Securities Acc                       | quired, Disposed ( | of, or Beneficially Owned                       |
| 1.Title of  | 2. Transaction Date | e 2A. Dee   | med 3.                         | 4. Securities                                    | 5. Amount of       | 6. Ownership 7. Nature of                       |

| (City)                               | (State) (Z                           | Zip) Table  | e I - Non-D                            | erivative Securities Ac  | quired, Disposed   | of, or Beneficia   | lly Owned   |
|--------------------------------------|--------------------------------------|---|--|--|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      |                                      |   |  |  | 75,000   | D  |   |
| Common<br>Stock                      |                                      |   |  |  | 136,000  | I  | Held by<br>Crofton<br>Capital                                     |
| Common<br>Stock                      |                                      |   |  |  | 11,386   | I  | Held by<br>The Joel<br>Company                                    |
| Common<br>Stock                      |                                      |   |  |  | 2,500  | I  | Custodial account for minor child - Gavin B.                      |

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|   |                                    |             | Gordon  |
|---|------------------------------------|-------------|---|
| Common<br>Stock   | 2,500                              | I           | Custodial account for minor child - Cameron L. Gordon |
| Reminder: Report on a separate line for each class of securities benefici | ally owned directly or indirectly. |             |   |
|   | Persons who respond to the co      | llection of | SEC 1474  |

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

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Number Transaction Derivative Code Securities (Instr. 8) 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<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|--|---|---------|--|--------------------|---|--|
|   |   |   |  | Code V  | (A) (D) | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(right to            | \$ 2.99   | 05/29/2008                              | 05/29/2008   | A   | 6,000   | 05/29/2009   | 05/29/2018         | Common<br>Stock   | 6,000                                  |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |
|--|---------------|-----------|---------|-------|--|
| 1  | Director      | 10% Owner | Officer | Other |  |
| GORDON FRANK<br>3102 WEST END AVE.<br>SUITE 650<br>NASHVILLE, TN 37203 | X             |           |         |       |  |
| Signatures   |               |           |         |       |  |

buy)

| Frank Gordon                    | 05/30/2008 |  |  |
|---------------------------------|------------|--|--|
| **Signature of Reporting Person | Date       |  |  |

2 Reporting Owners

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## **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.