#### **HEALTHSTREAM INC**

Form 4 May 10, 2005

### 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

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**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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).

Stock

(Print or Type Responses)

1. Name and A MCLAREN	_	2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]						5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	fiddle)	3. Date of Earliest Transaction				(Check all applicable)					
209 10TH A SUITE 450		(Month/Day/Year) 05/09/2005						X Director 10% Owner Officer (give title below) Other (specify below)				
	,	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
NASHVILL		Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
							reison					
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ities Acc	quired, Disposed o	of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		ned n Date, if ay/Year)	Transaction(A) or Die Code (D) (Instr. 8) (Instr. 3, 4			(A) or		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	05/09/2005	05/09/20	005	Code M	V	Amount 100	(D)	Price \$ 2.3	350,655	D		
Common Stock	05/09/2005	05/09/20	005	S		100	D	\$ 2.95	350,555	D		

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.

2.95

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# $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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. 5. Number Transactionof Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exerci Expiration Dat (Month/Day/Y	te	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)	\$ 2.3	05/09/2005	05/09/2005	M		100	06/25/2000	06/25/2005	Common Stock	100
Employee Stock Option (right to buy)	\$ 2.3						06/25/2001	06/25/2005	Common Stock	23,957
Employee Stock Option (right to buy)	\$ 4.06						09/02/2000	09/02/2007	Common Stock	20,812
Employee Stock Option (right to buy)	\$ 4.06						09/02/2001	09/02/2007	Common Stock	20,812
Employee Stock Option (right to buy)	\$ 1.39						05/31/2002	05/31/2012	Common Stock	5,000
Employee Stock Option (right to buy)	\$ 1.54						05/31/2003	05/31/2013	Common Stock	10,000
Employee Stock	\$ 2.17						05/27/2004	05/27/2014	Common Stock	5,000

Option (right to buy)

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MCLAREN JEFFREY L 209 10TH AVENUE SOUTH, SUITE 450 X NASHVILLE, TN 37203

### **Signatures**

Jeffrey L. 05/10/2005 McLaren

\*\*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.

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