Edgar Filing: HEALTHSTREAM INC - Form 4

HEALTHST	REAM INC									
Form 4										
May 25, 2006)									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer								Expires:	January 31, 2005	
subject to	STATE	MENT O	F CHANGES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Estimated a		
Section 16 Form 4 or				SECURI	TIES			burden hours per		
Form 5		ursuant to 9	Section 16	5(a) of the	Securiti	es Exchano	ge Act of 1934,	response	0.5	
obligation	^s Section $\hat{1}$					-	f 1935 or Sectio	n		
may contin <i>See</i> Instruc 1(b).	nue.			•	U .	Act of 19				
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u></u> DANIELL JAMES			2. Issuer Name and Ticker or Trading Symbol HEALTHSTREAM INC [HSTM]			5. Relationship of Reporting Person(s) to Issuer				
			L 3				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director	10%	6 Owner		
132 BRIGHTON CLOSE (Street)			05/25/2006				Officer (give titleOther (specify below) below)			
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NASHVILLI	E, TN 37205							Jore Reporting Pe		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	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							39,948	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)

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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 of 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)	\$ 3.36	05/25/2006	05/25/2006	A	5,000	05/25/2006	05/25/2016	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Addr	Relationships						
	Director	10% Owner	Officer	Other			
DANIELL JAMES 132 BRIGHTON CLOSE NASHVILLE, TN 37205	Х						
Signatures							
James Daniell, MD	05/25/2006						
** Signature of	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.

Reporting Person