

HEALTHSTREAM INC

Form 3

February 20, 2007

FORM 3UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**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

(Print or Type Responses)

1. Name and Address of Reporting
Person *

O'Hara Kevin P

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

02/15/2007

3. Issuer Name **and** Ticker or Trading Symbol
HEALTHSTREAM INC [HSTM]4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☒ Officer ☐ Other
(give title below) (specify below)

Senior Vice President

6. Individual or Joint/Group
Filing(Check Applicable Line)☒ Form filed by One Reporting
Person☐ Form filed by More than One
Reporting Person209 10TH AVENUE
SOUTH, SUITE 450

(Street)

NASHVILLE, TN 37203

(City)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

No securities are beneficially owned

0

D

A

Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security
(Instr. 4)2. Date Exercisable and
Expiration Date
(Month/Day/Year)3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)

Title

4. Conversion
or Exercise
Price of
Derivative
Security5. Ownership
Form of
Derivative
Security:
Direct (D)6. Nature of Indirect
Beneficial
Ownership
(Instr. 5)

Edgar Filing: HEALTHSTREAM INC - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	03/15/2006	03/15/2010	Common Stock	5,000	\$ 1.35	D	Â
Employee Stock Option (right to buy)	04/16/2006	04/16/2011	Common Stock	5,000	\$ 1.315	D	Â
Employee Stock Option (right to buy)	04/16/2007	04/16/2011	Common Stock	5,000	\$ 1.315	D	Â
Employee Stock Option (right to buy)	02/19/2005	02/19/2012	Common Stock	4,000	\$ 2.69	D	Â
Employee Stock Option (right to buy)	02/19/2006	02/19/2012	Common Stock	4,000	\$ 2.69	D	Â
Employee Stock Option (right to buy)	02/19/2007	02/19/2012	Common Stock	4,000	\$ 2.69	D	Â
Employee Stock Option (right to buy)	02/19/2008	02/19/2012	Common Stock	4,000	\$ 2.69	D	Â
Employee Stock Option (right to buy)	02/25/2006	02/25/2013	Common Stock	5,000	\$ 3.18	D	Â
Employee Stock Option (right to buy)	02/25/2007	02/25/2013	Common Stock	5,000	\$ 3.18	D	Â
Employee Stock Option (right to buy)	02/25/2008	02/25/2013	Common Stock	5,000	\$ 3.18	D	Â
Employee Stock Option (right to buy)	02/25/2009	02/25/2013	Common Stock	5,000	\$ 3.18	D	Â
Employee Stock Option (right to buy)	02/09/2007	02/09/2014	Common Stock	7,000	\$ 2.75	D	Â
Employee Stock Option (right to buy)	02/09/2008	02/09/2014	Common Stock	7,000	\$ 2.75	D	Â
Employee Stock Option (right to buy)	02/09/2009	02/09/2014	Common Stock	7,000	\$ 2.75	D	Â
Employee Stock Option (right to buy)	02/09/2010	02/09/2014	Common Stock	7,000	\$ 2.75	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O'Hara Kevin P 209 10TH AVENUE SOUTH SUITE 450 NASHVILLE, TN 37203	Â	Â	Â Senior Vice President	Â

Signatures

Kevin P. O'Hara02/20/2007

**Signature of

Date

Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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.