SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* PHILLIPS JONATHAN R | | | | 2. Issuer Name and T STREAMLINE | | ng Symbol <u>H SOLUTIONS</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------------------|-------|----------------|---------------------------------------|-----------------|---------------------------------|--|---------------------------|--|----------------------|--|--|
| | | | INC. [STRM] | | | | Director | | 10% Owner | | | |
| (Last) 792 CHATHAN | (First) M AVENUE | (Midd | e) | 3. Date of Earliest Tra 05/20/2021 | insaction (Mor | nth/Day/Year) | | Officer (give t below) | | her (specify low) | | |
| (Street) ELMHURST | IL | 6012 | 5 | 4. If Amendment, Dat | e of Original F | iled (Month/Day/Year) | 6. Indiv Line) X | , | roup Filing (Cho One Reporting More than One | Person | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security | / (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A) o | | Amount of | 6. Ownership | 7. Nature of | | |

| 1. The of security (insu: 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (| | Disposed Of (5) | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------|--------------------------|---|------------------|---|-----------------------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock, \$0.01 par value | 05/20/2021 | | A ⁽¹⁾ | | 37,500 ⁽¹⁾ | Α | \$2 | 921,335 | D | |
| Common Stock, \$0.01 par value | | | | | | | | 72,500 | Ι | Refer to footnote ⁽²⁾⁽³⁾ |

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. Transa Code (8) | | of | | Expiration Date (Month/Day/Year) d | | | e and Int of rities rlying ative rity (Instr. 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Grant of restricted stock that vests in full on the earlier of (i) May 20, 2022 and (ii) the date of, and immediately prior to, the Company's 2022 annual meeting of stockholders.

2. Includes 62,500 Shares issued pursuant to an underwritten public offering of Streamline Health Solutions, Inc. common stock, par value \$0.01 per share. The price to the public in the offering was \$1.60 per share of common stock."

3. Includes 10,000 shares owned by spouse.

Remarks:

<u>/s/ Thomas J. Gibson,</u> <u>attorney-in-fact</u>

05/27/2021

** Signature of Reporting Person Date

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

* 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.

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 Number.