FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
-------------	------	-------

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 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

Name and Address of Reporting Person*     Gibson Thomas J.					STI	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]									ck all app Direc	tionship of Reporti all applicable) Director Officer (give title		son(s) to Is 10% O Other (s	wner
(Last) 11800 A	(Fir MBERPAR	st) (I K DRIVE SUIT	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2022								X	pelov	hief Fina	ncial (	below) Officer	
(Street) ALPHAI (City)	RETTA GA		0009 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X	·				
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Exec if an	. Deemed ecution Date, iny onth/Day/Year)		3. 4. Securities Disposed O Code (Instr. 8)					5. Amo Securit Benefic Owned Report	ies cially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)			(11150: 4)
Common Stock, \$0.01 par value 01/				01/29/2	/2022				F		2,814(1)	I	)	\$1.37	323,043			D	
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Expirati (Month/	on Da	ear) Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

## Remarks:

/s/ Thomas J. Gibson

02/02/2022

\*\* Signature of Reporting Person

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.

<sup>1.</sup> Surrender of stock upon vesting of restricted stock to satisfy tax withholding obligations.