FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	L OWNERSHIP

l	OMB APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
	hours per response:	0.5						

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

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

1. Name and Address of Reporting Person* Sides David William				ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
						INC. [STRM]									er (give title)		(specify	
	COO DE A CLITTURE CT NE				3. Date of Earliest Transaction (Month/Day/Year) 01/11/2016									X Officer (give title Officer (specify below) President & CEO					
(Street)					4. If	f Amendı	ment, Dat	e of Orig	ginal F	iled (Month/Da	ay/Year)		6. Inc Line)	dividual o	r Joint/Gro	up Filing (Check /	Applicable	
ATLANTA GA 30309											X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St	ate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		2. Transaction Date (Month/Day/)	- 1	Execution Date,		3. Transaction Code (Instr. 8)				Beneficially Owned Following		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, \$.01 par value		01/11/20	01/11/2016			P		26,910	A	\$1.49	11 ⁽¹⁾	26,910		I		Owned in Individual Retirement Account			
Common	Stock, \$.01	. par value		01/12/20	16			P		53,090	A	\$1.71	73 ⁽²⁾	80	,000	I		Owned in Individual Retirement Account	
Common Stock, \$.01 par value													50	,000	I		Owned by trust controlled by and for the benefit of reporting person		
Common Stock, \$.01 par value												5,	,000	D					
		1	able I							posed of,				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	action 3A. Deemed Execution Date, if any		4. Transa Code (8)	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day		rcisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (mership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation	of Respons	l .es.	1		Code	1	(A) (D)	LAGI	Joanie	Date	1.00	Shares							

- 1. This transaction was executed in multiple trades at prices ranging from \$1.48 to \$1.50; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which the transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.
- 2. This transaction was executed in multiple trades at prices ranging from \$1.701 to \$1.7398; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which the transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.

Remarks:

Jack W. Kennedy Jr., Attorney-01/13/2016 in-Fact

** 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.