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									
	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

1. Name and Address of Reporting Person* Sides David William				<u>S7</u>	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									$ \begin{array}{ccc} \text{5. Relationship of Reporting Person(s) to Issuer} \\ \text{(Check all applicable)} \\ \hline X & \text{Director} & 10\% \text{ Owner} \\ \end{array} $								
(Last) (First) (Middle) 600 PEACHTREE ST NE SUITE 600			3. [3. Date of Earliest Transaction (Month/Day/Year) 04/13/2017									X Officer (give title Other (specify below) President & CEO									
(Street) ATLANT (City)			30309 Zip)		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Trans Date		2. Transa	ction 2		2A. Deemed Execution Date, if any (Month/Day/Year)				of, or Beneficions es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of		6. Ownersh Form: Direc (D) or Indire	i In	7. Nature of Indirect Beneficial						
			`	´ (Mo			8) Code V Amount			(A) o	(A) or (D) Price		Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)					
Common Stock, \$0.01 par value			04/13/2017				P		5,000	A	\$1.	3 ⁽¹⁾	186,000		I	Ir R	owned in adividual etirement account					
Common Stock, \$0.01 par value													380,	,000(2)	D							
Common Stock, \$0.01 par value														50	,000	I	tr co b; th o: re	owned by ust ontrolled y and for ne benefit f the eporting erson				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Conversion of Exercise (Month/Day/Year) (Month/Day/Year) Execution Date if any (Month/Day/Year)			ransaction of Code (Instr. Deriva		ative rities ired osed	6. Date Expirati (Month/	on Da	te Amo Secri Und Deri Secri		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D)	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. This transaction was executed in multiple trades at prices ranging from \$1.26 to \$1.33. 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. Includes 281,250 shares of restricted stock that vest in three equal installments on each of February 4, 2018, 2019 and 2020.

Remarks:

Nicholas A. Meeks, Attorney

04/14/2017

in Fact

** 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.