FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
l	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*  VONDERBRINK EDWARD						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]									heck all a	onship of Reportin all applicable) Director		rson(s) to Is	
(Last) (First) (Middle) 5536 JESSUP ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2011										Officer (give title below)		Other (specify below)	
(Street) CINCINI (City)			15247 Zip)		4. If	Amer	ndment,	Date o	f Original	Filed	(Month/Da	y/Year)		6. Lir	ne) X Fe	l or Joint/Grou orm filed by On orm filed by Mo erson	e Rep	orting Pers	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed (Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			d Sec Ber Ow	mount of urities eficially ned Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D	) or )	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)			(111511.4)
Common Stock \$.01 Par Value			05/25	/2011			A <sup>(1)</sup>		14,880	)	A	\$1.6	58	62,921		D			
	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 I if any (Month/Day	Date, Transac Code (Ir					6. Date Exercisabl Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		, [C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. These shares of resticted stock were granted pursuant to the 2005 Incentive Compensation Plan, and will vest on the earlier of the 2012 Annual Stockholder Meeting or May 25, 2012 conditioned upon the director serving the associated full term.

## Remarks:

s/ Matthew D. Rolfes, by 05/26/2011 Power of Atty.

\*\* 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.