FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL											
ľ	OMB Number: 3235-02											
	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Lovvorn Wendy L					2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]							(Che	ck all app Direc	onship of Reporti all applicable) Director Officer (give title		erson(s) to I 10% Ov Other (s	wner		
(Last) 2400 OL	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2023							X	belov	Chief Peop		below)	, posy	
BOX 1353					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) ALPHARETTA GA 30009											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	, or I	Bene	ficial	ly Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution //Year) if any		ıtion Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed 0			es Acquired (A Of (D) (Instr. 3,		5. Am Secur Benef Owne Follow		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V		Amount	(A)) or _F	Price		rted saction(s) . 3 and 4)			
Common Stock, \$0.01 par value 05/20/20						023			F		11,682(1)]	D :	\$1.57	37	378,766		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)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	per					

Explanation of Responses:

1. Surrender of stock upon vesting of restricted stock to satisfy tax withholding obligations.

Remarks:

<u>/s/ Wendy Lovvorn</u>

05/24/2023

** 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.