FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ONID APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

0.5

hours per response:

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

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* Schiller Michael A. | | | | <u>S</u> | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title) Other (specify) | | | | | | | |
|---|--|--|---|----------------|---|--|--|--|-------------------|--|---------------------------------------|--|---|---|---------|--|--|--|--|
| (Last) (First) (Middle) 1230 PEACHTREE ST. SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2013 | | | | | | | | X Officer (give title below) Sr. Vice President, Sales | | | | | | |
| (Street) ATLANTA GA 30309 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | Transaction te | Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 | | | | d (A) or | or 5. Amount of 6. Ownership 7. Mand Securities Form: Direct Ind | | | | . Nature of | | | | | |
| (Month | | | | iontn/Day/ | Day/Year) if any (Month/Day/Year) | | | v | Amount (A) or (D) | | Price | Beneficia Owned Fo Reported Transacti (Instr. 3 a | Following (I) (I ed ction(s) | | r. 4) C | Beneficial Ownership (Instr. 4) | | | |
| | 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 Date, if any (Month/Day/Yea | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | е | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | | | |
| Stock Option | \$5.37 | 01/29/2013 | 01/29/2013 | A | | 50,000 ⁽¹⁾ | | 02/28/20 | 13 | 01/28/2023 | Common Stock \$.01 Par Value | 50,000 | \$5.37 | 50,000 | | D | | | |

Explanation of Responses:

1. These options vest in 3 equal traunches beginning one year from the grant date per the following schedule: 16,666 shares become exercisable on 1/28/2014; 16,667 shares on 1/28/2015; and the remaining 16,667 shares on 1/28/2016.

Remarks:

S/ Matthew D. Rolfes, by power of attorney 04/19/2013

** 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.