FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

		2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]										neck all ap	plicable) ctor	10% (Owner			
(Last) (First) (Middle) 5536 JESSUP ROAD							3. Date of Earliest Transaction (Month/Day/Year) 04/21/2011											
(Street) CINCINNATI OH 45247 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) X For	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	lly Own	ed			
Date						Execution Date if any			Transaction Disposed (Code (Instr. 5)					Secur Bene Owne	ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Amount (A) or (D)		Price	Trans	action(s)		(1130. 4)		
Stock \$.01	Par Value	′2011				P		10,000 A		\$1.7	6	18,041	D					
	Та													Owned	l			
itle of ivative Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			Date, ny/Year)	Transa Code (8)				Expiration Date (Month/Day/Year) Date Expiration			Amoun or Numbe of			Derivative Security	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	ERBRIN (FI SSUP ROA NATI O (S Security (Instance) Stock \$.01	SSUP ROAD NATI OH (State) (Table Security (Instr. 3) Stock \$.01 Par Value Ta 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) SSUP ROAD NATI OH 45247 (State) (Zip) Table I - Nor Security (Instr. 3) Stock \$.01 Par Value Table II - I (Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year)	(First) (Middle) SSUP ROAD NATI OH 45247 (State) (Zip) Table I - Non-Deriv Security (Instr. 3) 2. Transa Date (Month/D Stock \$.01 Par Value 1. Table II - Derivati (e.g., pt. 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	ERBRINK EDWARD (First) (Middle) SSUP ROAD NATI OH 45247 (State) (Zip) Table I - Non-Derivative (Month/Day/Year) Stock \$.01 Par Value 2. Transaction Date (Month/Day/Year) Table II - Derivative S (e.g., puts, Conversion or Exercise Price of Derivative (Month/Day/Year) 2. 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Individual or Joint/Group X Form filed by Mo Person X Form filed by Mo Person	STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2011 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4 and (Month/Day/Year) (Month/Day/	

Explanation of Responses:

Remarks:

Matthew D. Rolfes, by Power of Atty.

04/21/2011

** 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.