FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	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*  Murdock Stephen H.						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]								(Ch	eck all ap Dire	plicable)	ng Person(s) to Is 10% C	
(Last) (First) (Middle) C/O STREAMLINE HEALTH							3. Date of Earliest Transaction (Month/Day/Year) 12/30/2011								belo	w)	below ncial Officer	
10200 ALLIANCE ROAD, SUITE 200  (Street) CINCINNATI OH 45242 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
	`		e I - Nor	n-Deriva	ative	Sec	uritie	s Acc	ηuired,	Dis	posed o	f, or I	3ene	ficial	y Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. 4. Securit Transaction Disposed Code (Instr. 8) 5)						Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A (D	) or )	Price	Trans	action(s) 3 and 4)		(111501.4)			
Common Stock \$.01 Par Value 12/30/2							2011 12/30/2011		A		13,63	6	A \$1.65		5 2	27,151	D	
		Та	ble II - [								sed of, onvertib				Owned	1		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Executi curity or Exercise (Month/Day/Year) if any			ed 4. Date, Transactio Code (Insti			5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	. Price of erivative ecurity nstr. 5)		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	or Num of Shar					

Explanation of Responses:

Remarks:

Stephen H. Murdock

12/30/2011

\*\* 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.