FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| 1. Name and Address of Reporting Person* <u>PHILLIPS JONATHAN R</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>STREAMLINE HEALTH SOLUTIONS</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|------------------------------------|--------------------|--|--|--|--|--|--|--|--|--|
| | | | <u>INC.</u> [STRM] | | | | | | | | |
| (Last) 792 CHATHAI | t) (First) (Middle) CHATHAM AVENUE | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023 | Officer (give title Other (specify below) below) | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | X Form filed by One Reporting Person | | | | | | | |
| ELMHURST IL 60126 | | 60126 | _ | 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 - Non-Deri | vative Securities Acquired, Disposed of, or Ben | eficially Owned | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---------------------------------|---|------------------------------------|---------------|--------|--|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock, \$0.01 par value | 06/15/2023 | | A ⁽¹⁾ | | 86,207(1) | Α | \$1.45 | 1,194,171 | D | |
| Common Stock, \$0.01 par value | | | | | | | | 72,500 | Ι | Refer to footnote ⁽²⁾ |

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/Year) | cution Date, y Code (Instr. hth/Day/Year) 8 Code (Instr. 8) Secur Acqui (A) or Dispo of (D) | | Imber Expiration Date (Month/Day/Year) rivative (Month/Day/Year) o or sposed (D) str. 3, 4 | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|---|---|---|-----|---------------------|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Grant of restricted stock that vests in full on the earlier of (i) June 15, 2024 and (ii) the date of, and immediately prior to, the Company's FY 2023 annual meeting of stockholders. 2. Includes 72,500 shares owned by spouse.

Remarks:

/s/ Thomas J. Gibson,

attorney-in-fact

** Signature of Reporting Person Date

06/20/2023

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.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5