FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
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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* Starkey Judith | | | | | ST | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | | | | | all app Direc | | | wner | |
|--|---|------|----------------|---------|---|---|---------|-------------------------------------|------------------------------------|---------------|--|---------|------------------------------------|-------------------|--|-----------------------|---|---|--|--|
| (Last) (First) (Middle) 1230 PEACHTREE STREET NE SUITE 600 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2016 | | | | | | | | | | Offic belov | er (give title w) | | Other (below) | (specify | |
| (Street) ATLANT (City) | A GA | | 30309 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indiv ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | le I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ur) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Seco | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | | |
| Common Stock, \$.01 par value 05 | | | | | 05/25/2016 | | | | | | 32,258 | 8 A \$0 | | \$ 0 . | .00 125,390(2) | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | | Fransaction of Code (Instr. De S) Se A((A Di of | | sed . 3, 4 | 6. Date E Expiratio (Month/D | n Dat | Amount of Securities Underlying Derivative Security (In and 4) | | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | nber res | | | | | | |

Explanation of Responses:

- 1. Grant of restricted stock that vests in full on the earlier of (i) May 25, 2017 and (ii) the date of, and immediately prior to, the Company's 2017 annual meeting of stockholders.
- 2. Includes 32,258 shares of restricted stock that vest in full on the earlier of (i) May 25, 2017 and (ii) the date of, and immediately prior to, the Company's 2017 annual meeting of stockholders.

Remarks:

Jack W. Kennedy Jr., Attorney 05/31/2016

in Fact

** 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.