FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
OMB Number:	3235-0287					
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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

1. Name and Address of Reporting Person* PATSY J BRIAN (Last) (First) (Middle) 10200 ALLIANCE ROAD							2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2010										c all app Direc	er (give title	X 10% C Other below	Owner (specify		
SUITE 200 (Street) CINCINNATI OH 45242 (City) (State) (Zip)						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indiv ne) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						ction	tion 2A. Deemed Execution Date,			3. Transa	ansaction Disposed Of (D) (Inode (Instr. 5)			uired ((A) or	Ť	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
Common Stock \$.01 Par Value 12/17/2								2010			v	Amount 28,481	(D) or)	Price \$1.5	58	(Instr. 3	rransaction(s) Instr. 3 and 4)		D	(Instr. 4)	
Common Stock \$.01 Par Value																	100		I		Custodian for children	
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year)				4. Transaction Code (Instr. 8)		of		6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deri	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code					Expiration Date	Amou or Numb of Title Share		nber	er								

Explanation of Responses:

Remarks:

Matthew D. Rolfes by power of atty.

12/20/2010

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).