FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

						· /			npany Act of							
Name and Address of Reporting Person* Gibson Thomas J.				STI	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
					INC. [STRM]								er (give title		er (specify	
(Last) (First) (Middle) 11800 AMBERPARK DRIVE SUITE 125					3. Date of Earliest Transaction (Month/Day/Year) 12/17/2020								,	ncial Office	,	
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
ALPHAI	RETTA GA	A 3	0009										•	e Reporting P		
(City)	(St	ate) (Z	Zip)									Fori Per		ore than One F	eporting	
		Table	I - Non-De	rivative S	Securi	ities Aca	uired.	Dis	oosed of.	or Ber	eficia	ally Owi	ned			
	1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						,		,			- , -				
1. Title of \$	Security (Ins	tr. 3)	Date	ansaction th/Day/Year)	2A. Do Execu	eemed ution Date,	3. Transa Code (8)	ction	4. Securities Disposed Of 5)	Acquired	d (A) or	5. Am Secur Bener Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
1. Title of S	Security (Ins	tr. 3)	Date		2A. Do Execu	eemed ution Date,	3. Transa Code (ction	4. Securities Disposed Of	Acquired	d (A) or	5. Am Secur Bene Owne Repo Trans	ount of ities icially d Following	Form: Direct (D) or Indirec	of Indirect Beneficial	
		tr. 3) D1 par value	Date (Mon		2A. Do Execu	eemed ution Date,	3. Transa Code (8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Insti	d (A) or . 3, 4 ar	5. Am Secur Bener Owne Repo Trans (Instr.	ount of ities icially d Following ted action(s)	Form: Direct (D) or Indirec	of Indirect Beneficial Ownership	
		01 par value	Date (Mon	th/Day/Year) /17/2020 vative Se	2A. Do Execu if any (Mont	eemed ution Date, th/Day/Year)	3. Transa Code (8) Code	v Dispo	4. Securities Disposed Of 5) Amount 7,525 ⁽¹⁾	(A) or (D)	Price	5. Am Seculi Bener Owne Repo Trans (Instr.	ount of ities icially d Following ted action(s) 3 and 4)	Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect Beneficial Ownership	

Explanation of Responses:

Remarks:

/s/ Thomas J. Gibson

Amount Number

Shares

Expiration

Date

Title

12/21/2020

Transaction(s) (Instr. 4)

** Signature of Reporting Person

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).

Code

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.

of (D) (Instr. 3, 4 and 5)

(D)

(A)

Date

Exercisable

^{1.} Surrender of stock upon vesting of restricted stock to satisfy tax withholding obligations.