FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | | | | | | | · · | | | | | | | | | | |
|--|---|--|----------|---------|--|---|---|---------------------------------|--------------------------------------|--|---|-------|---|---|---|---|---|--|---|--|--|
| 1. Name and Address of Reporting Person* PHILLIPS JONATHAN R | | | | | | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| PHILLIPS JONATHAN R | | | | IN | INC. [STRM] | | | | | | | | | | Director | | | 1% Ov | | | |
| (Last) (First) (Middle) 792 CHATHAM AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2011 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| | | | | | | | | | | | | | | | | · | | | | | |
| | | | | | | 4 If Amandment Date of Original Filed (Manth/Date) | | | | | | | | | 6 Individual or Joint/Croup Filing (Chook Applicable | | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| ELMHU | RST II | • | 50126 | | | | | | | | | | | | | | , | e Reporting | | | |
| (City) | (S | tate) (| Zip) | | - | | | | | | | | | | | Form file Person | ed by Moi | re than One | Repo | orting | |
| (Oity) | (0 | , | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | lly O | wned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | d S B | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount (A | | () or () | Price | Т | eported ransaction nstr. 3 ar | | | | (Instr. 4) | |
| Common Stock \$.01 Par Value 1 | | | | 12/28 | 3/2011 1 | | 12/28/2011 | | P | | 60,600 | 6 | A \$1 | | 5 298,976 | | 976 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date Or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year) | | n Date, | | Transaction Code (Instr. 8) | | wative rities ired rosed) 3, 4 | Expiration (Month/D | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | | tive de ty Se 5) Be Ov Fo Re | Number or ivative curities conficially when dispensed in the conficial of | Owners Form: Direct (or Indir (I) (Inst | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

Stephen H. Murdock, by Power 12/30/2011 of Attorney

** 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.