FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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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 Add Mullen Luc		2. Date of Event Requiring Stater Month/Day/Yea 06/18/2018	auiring Statement STREAMLINE HEALTH SOLUTIONS INC. [STRM]							1]	
(Last) (First) (Middle) 1230 PEACHTREE STREET, NE, SUITE						attionship of Reporting Perso c all applicable) Director	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
600					X Officer (give title below)				6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)						Principal Accounting	Officer		X Form filed by One Reporting Person		
ATLANTA	GA	30309								Form filed by Reporting P	y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$0.01 Par Value					8,485		D				
Table II - Derivative Securities Beneficially Owned       (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		y (Instr. 4) Conve or Exe		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiratior Date	n Title		Amount or Derivat Number of Shares		tive	Direct (D) or Indirect (I) (Instr. 5)		
Stock Option	(right to buy)		(1)	08/12/2022		mmon Stock, \$0.01 Par Value	4,500	3.9	9	D	
Stock Option (right to buy)		(2)	07/07/2025		mmon Stock, \$0.01 Par Value	5,000	2.5	8	D		

Explanation of Responses:

1. The options vested and became exercisable in three substantially equal annual installments beginning on August 12, 2013.

2. The options vest and become exercisable in three substantially equal annual installments beginning on July 8, 2016 and are subject to a remaining vesting date of July 8, 2018, provided that Ms. Mullen remains an employee of Streamline Health Solutions, Inc. through such date.

/s/ Luciana Mullen

06/28/2018

\*\* 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 5 (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.

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Date