FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	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* PHILLIPS JONATHAN R						ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									Check a	nship of R I applicab Director		Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 792 CHATHAM AVENUE						3. D	3. Date of Earliest Transaction (Month/Day/Year) 12/14/2009										Officer (giv	ve title	Other (specify below)	
(Street) ELMHU		L State)		50126 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	,			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar)	Executi if any	A. Deemed xecution Date, any //onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd S B O	Amount o ecurities eneficially wned Follo eported	, [6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D)	Price	, т	ansaction nstr. 3 and			(111511.4)
Common	Stock \$.0	1 Par Valı	ue		12/14	1/2009	9	12/1	4/2009	P		5,000)	A	\$2.	41	33,47	'4	D	
			Та	ble II - C								sed of, onvertib				y Owr	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of Der Sec Acc (A) Dis of (of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Deriva Securi (Instr. !	tive deriv Secu Bene Own Follo Repo	owing orted isaction(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Co		Code	e V (A) (D)				Expiration Date	of Shares										

Explanation of Responses:

Remarks:

Donald Vick, by Power of Atty. 12/15/2009

** 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).

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.