FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Valentine Michael G						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]									(Check all ap		plicable) ctor		Person(s) to Issuer  10% Owner  Other (specify	
(Last) (First) (Middle) 206 SOUTH SHORE DR.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017										belov	er (give title w)		below)	
(Street) LAKE WINNER	,				4. If	Ame	endment,	Date o	f Original	Filed	(Month/Da	ay/Ye	ear)		6. Indivine)	Forn	r Joint/Group n filed by One n filed by Mo on	e Rep	orting Pers	on
(City)	(S		Zip)			_														
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	luired,	Dis	posed o	of, o	r Ben	efici	ally	Owne	ed			
Date					2. Transaction Date (Month/Day/Year)  2A. Deeme Execution if any (Month/Day			n Date,	Code (	Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			4 and See Be Ow		ecurities eneficially		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111341.4)
Common Stock, \$0.01 par value 06/01/2						2017			A <sup>(1)</sup>		50,847		A	\$0.00		150,756 <sup>(2)</sup>			D	
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D		Amount of Securitie Underlyin Derivative Security and 4)		ount	Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	, C F C O (1	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	\ V	(A)		Date Exercisa		Expiration Date	Title	of	nber						

## **Explanation of Responses:**

- 1. Grant of restricted stock that vests in full on the earlier of (i) June 1, 2018 and (ii) the date of, and immediately prior to, the Company's 2018 annual meeting of stockholders.
- 2. Includes 50,847 shares of restricted stock that vest in full on the earlier of (i) June 1, 2018 and (ii) the date of, and immediately prior to, the Company's 2018 annual meeting of stockholders.

## Remarks:

Nicholas A. Meeks, Attorney

in Fact

06/06/2017

\*\* 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.