FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

gton, D.C. 20549	OMB APPROVAL

Estimated average burden hours per response: 0.	ОМІ	OMB Number: 323								
hours per response: 0.	Esti	mated average I	burden							
	hou	rs 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Green Wyche T III</u>					ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS												p of Reporting Person(s) to Issue plicable) ctor 10% Own			
_	(Fii	,	Middle)		3. D	INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2019											Offic	er (give title w)		Other below)	(specify
10TH FLOOR (Street) ATLANTA GA 30361 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date					/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.			ies Acquired (A) Of (D) (Instr. 3, 4			l and Sed Bei Ow		curities I neficially (Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										e v		Amount	((A) or (D)	Price	•	Transa	action(s) 3 and 4)			(11311. 4)
Common Stock, \$0.01 par value					1/09/2019							25,000	0 A S		\$0.	0.98 25,000		5,000		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		n of r. Der Sec Acc (A) Dis of (I	of		Exerciion Da /Day/\	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5		e derivative		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V (A) (D)		Date Exerci			xpiration ate	Amount or Number of Shares		nber							

Explanation of Responses:

Remarks:

/s/ Luciana Mullen, Attorney in 01/10/2019 **Fact**

** 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.