FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* LOMBARDO ERIC | | | | | | | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | | | | 5. Relationship of Report (Check all applicable) Director | | | 10% C |)wner | |
|--|---|--|--|-----------------------------|-----|---|---|---------|------------------------------------|--------|--|---|-------|--------|---|---|---|---|---|--|--|
| (Last) (First) (Middle) 7173 ROYALGREEN DR. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2007 | | | | | | | | | | belov | er (give title v) | Other (sp below) | | | |
| (Street) CINCINI (City) | CINCINNATI OH 45244 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | G. Individual or Joint/Group Filing (Check Applicable Line) 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 | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | n Date, | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secur Benef | | cially I Following | 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 | Transa | | ction(s) 3 and 4) | | | (111501.4) | | |
| Common Stock 05/18/ | | | | | | | | | S | | 64,50 | 0 | D | \$4.95 | | 1,600,000 | | | D | | |
| Common Stock 05/21 | | | | | | 7 | | | S | | 12,10 | 0 | D | \$4.97 | | 1,600,000 | | | 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) | 2. Conversio or Exercis Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transact Code (In: | | | | | 6. Date E Expiratic (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | D O (I | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Coc | | Code | v | (A) | (D) | | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | |

Explanation of Responses:

Eric S. Lombardo

05/22/2007

** 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.