FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 1 | OMB APPROVAL | | | | | | | | | |
|---|---------------------|----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | | |
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37 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).

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>TURNER ANDREW L</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | | | | ionship of Reportii all applicable) Director | | 10% C | | Owner |
|--|---|--|--------|--------------------------------|------------------------------|--|----|---|---|--|-----------------------|----------------------------|--------|---|---|----------------------|--|------------|---------|
| (Last) (First) (Middle) 4121 W. DRAVUS STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2014 | | | | | | | | | Officer (give title below) | | Other (s below) | | specify |
| (Street) SEATTLE WA 98199 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv _ine) X | vidual or Joint/Group Filing (Check Applicable 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. Transactio Date (Month/Day/Y | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and D) (Instr. 3, 4 | | | | and 5) Secu Bene Own | | icially d 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 | Reported Transaction(s) (Instr. 3 and 4) | | | (instr. 4) | |
| Common Stock, \$.01 par value 09/23/20 | | | | | | | 14 | | S | | 17,567 | D | \$3.82 | 54(1) | 89 | 9,513 ⁽²⁾ | D | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, (Day/Year) | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Insi | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$3.78 to \$3.92; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which the transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.
- 2. Includes 9,153 shares of restricted stock that vest in full on the earlier of (i) August 19, 2015 and (ii) the date of, and immediately prior to, the Company's 2015 annual meeting of stockholders.

Remarks:

Jack W. Kennedy Jr., Attorney 09/25/2014 in 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.