FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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*  LOMBARDO ERIC							2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]										all app			rson(s) to Is		
(Last) (First) (Middle) 7173 ROYALGREEN DR.							3. Date of Earliest Transaction (Month/Day/Year) 01/08/2010											er (give title w)		Other below)	(specify	
(Street) CINCINI (City)			15244 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	Form	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				2. Trans Date (Month/I		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8)						4 and Secu Bend Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount		(A) or (D)	Pric	:e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 01/08							2010			S		3,625	,	D	\$	2.4	1,399,952			D		
Common Stock 01/11/							2010			S		400	D S		\$	2.4	.4 1,399,552		D			
Common Stock 01/12					/2010					S		1,000		D \$2		2.36	36 1,398,552		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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Inst 8)		of Del Sec (A) Dis of (Ins	of		5. Date E) Expiration Month/Da	n Date	<b>:</b>	Am Sec Un Dec Sec	or	f g g Instr. 3	Deri Sec	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Code V (A) (D)						Date Exercisat		xpiration   Number Number Number Number Number Number Number Number Number Number Number Number Number												

**Explanation of Responses:** 

Eric S. Lombardo

01/12/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).