FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	<b>CIAL OWN</b>	<b>ERSHIP</b>

l	OMB APPRO	VAL
	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

Name and Address of Reporting Person*     Valentine Michael G					ST	2. Issuer Name <b>and</b> Ticker or Trading Symbol  STREAMLINE HEALTH SOLUTIONS  INC. [ STRM ]									tionship of Report all applicable) Director Officer (give title		ting Person(s) to Is		Owner	
(Last) (First) (Middle) 206 SOUTH SHORE DR.						3. Date of Earliest Transaction (Month/Day/Year) 10/11/2012										belo			below)	(specify
(Street) LAKE WINNEE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(St	ate) (	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Da		n Date,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 a	4 and Secu Bene		icially d Following	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock \$.01 Par Value 10/11/					1/2012			A <sup>(1)</sup>		2,536		A	\$5.	5.75		2,536		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivat Securit (Instr. §		tive derivative ty Securities		vnership vrm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber res						

## **Explanation of Responses:**

1. These shares of resticted stock were granted pursuant to the 2005 Incentive Compensation Plan, and will vest on the earlier of the 2013 Annual Stockholder Meeting or May 24, 2013 conditioned upon the director serving the associated full term.

## Remarks:

S/ Matthew D. Rolfes, by power of attorney 10/17/2012

\*\* 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.