FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Sides David William				ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
					- 111	INC. [STRM]									v Offic	er (give title		ther (specify	
(Last) (First) (Middle) 600 PEACHTREE ST NE				3. Date of Earliest Transaction (Month/Day/Year) 02/04/2016									below) below) President & CEO						
SUITE 600				4.19	A MANAGEMENT DATE of Origin 1571 1992 1995														
(Street)					- 4. 11	If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
ATLANT	NTA GA 30309														X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(St	ate) (Zip)												Pers				
		Tabl	e I - No	on-Deriv	ative	Se	curitie	s Ac	quired	l, Dis	sposed o	f, or E	3ene	ficial	ly Own	ed			
Diameter Section (means)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					or 4 and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect				
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, \$.01 par value			02/04/2016				A ⁽¹⁾		375,000	A	. ;	\$0.00	380,000(2)		D				
Common Stock, \$.01 par value														170	170,000		Owned in Individual Retirement Account		
Common Stock, \$.01 par value														50	,000	I	Owned by trust controlled by and for the benefit of the reporting person		
		Та	ıble II -								osed of, o				Owned				
						alls			_		convertib	1							
L. Title of Conversion Date (Month/Day/Year) Instr. 3) 2. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction of Code (Instr. Derivati		rative rities rired r osed)	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		(s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial (D) Ownership ect (Instr. 4)				
				Code	Code V (A) (I		(D)	Date Exercis	Date Expiration Date		Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. Grant of restricted stock that vests in four equal installments on each of February 4, 2017, 2018, 2019 and 2020.
- $2. Includes \ 375,000 \ shares \ of \ restricted \ stock \ that \ vest \ in \ four \ equal \ installments \ on \ each \ of \ February \ 4, \ 2017, \ 2018, \ 2019 \ and \ 2020.$

Remarks:

Jack W. Kennedy Jr., Attorney-02/08/2016 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.