FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
OMB Number:	3235-0287							
Estimated average burden								
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* Brightman Sharon					ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) 5019 PARKVIEW COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/25/2010									belo	er (give title w)	Other below			
(Street) CENTERVILLE OH 45458 (City) (State) (Zip)					4. If	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					
			Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or E	Benefi	cially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	Amount	(A) o (D)	Price	е	Transa	saction(s) r. 3 and 4)			(111501.4)
Common	Stock				01/25/	2010	010		S		1,500	D	\$	2.3	1,0	1,012,200		D		
Common	Stock				01/27/	2010				S		1,300	D	\$2.	2508	1,0	1,010,900 D			
Common Stock															100		I	Custodian for Children		
			Та	ble II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, Transaction or Exercise (Month/Day/Year) if any Code (Inst					5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Expirati (Month/	on Da			<u> </u>		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Bridget C. Hoffman, attorney-in-fact for Sharon

01/27/2010

Brightman

** 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.