FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
I	hours per response:	0.5								

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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

Name and Address of Reporting Person* Starkey Judith						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									k all app	tionship of Reporti all applicable) Director		erson(s) to I 10% Ov	
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officer (give title below)		Other (spe below)		specify
BOX 1353						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ALPHARETTA GA 30009														X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					l_	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to		
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	juired,	Dis	posed of	, or I	3enef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)						cially 1	Forn (D) o	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)		ice	Repor Transa				
Common	023		A ⁽¹⁾		86,207(1	(1) A \$		1.45	887,311		B11 D								
		Tal	ble II -	Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	vative rities nired r osed)	s i		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Der Sed (Ins	Price of rivative curity str. 5)	ative derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code		v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er								

Explanation of Responses:

1. Grant of restricted stock that vests in full on the earlier of (i) June 15, 2024 and (ii) the date of, and immediately prior to, the Company's FY 2023 annual meeting of stockholders.

Remarks:

/s/ Thomas J. Gibson, attorney-in-fact <u>06/20/2023</u>

** 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.