FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGE	S IN BENEF	ICIAL OWNE	RSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e· 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* <u>Gibson Thomas J.</u>					2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]							ck all app Direct Office	tor r (give title	ng Per	10% Ov	wner			
(Last) 11800 A	(Fir MBERPAR	st) (M K DRIVE SUIT	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2021								below	hief Finar	ncial	below) Officer		
(Street) ALPHA	RETTA GA		0009 Zip)		4. If <i>A</i>								Line	Individual or Joint/Group Filing (Check Applicable lee) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)			, 4 and Securit Benefic Owned		ties For cially (D) d Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
						Code	v	Amount	(A) (D)	or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)			
Common Stock, \$0.01 par value 01/29			01/29/2	2021		F		2,921(1)	I)	\$ 1.85	28	0,005		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code (8)			Expiration (Month/l	Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amount or Numbor of Shares		str.	. Price of lerivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. Surrender of stock upon vesting of restricted stock to satisfy tax withholding obligations.

Remarks:

/s/ Thomas J. Gibson

02/02/2021

** Signature of Reporting Person

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.