FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAI	LOWNERSHIP

ı	OMB APPRO	JVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
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

1. Name and Address of Reporting Person* MILLER JAY D					<u>S7</u>	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]								elationship ceck all applic	cable)		rson(s) to Issuer 10% Owner	
(Last) 2415 W.	(F 22ND STR	,	(Middle)		3. [of Earliest		action (Mo	onth/D	ay/Year)		Officer below)	Officer (give title below)		Other (s below)	pecify	
(Street) MINNEAPOLIS MN 55405 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans. Date				saction				Code (Instr. 5)			ies Acquire	d (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
Common Stock \$.01 Par Value								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		D	(Instr. 4)	
			Table II - I								sed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/	ate, Transac Code (I			of Derivati Securiti Acquire (A) or Dispose of (D) (II	of Experivative Securities		. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Stock Option	\$1.46	03/26/2009			A		15,000		03/26/2010)(1)	03/25/2019	Common Stock \$.01 Par	15,000	\$1.46	15,00	0	D	

Explanation of Responses:

1. These options vest in 3 equal traunches beginning one year from the grant date per the following schedule: 5,000 shares become exercisable on 3/26/10; 5,000 shares on 3/26/11; and the remaining 5,000 shares on 3/26/12

Remarks:

Donald Vick, by power of atty. 03/27/2009

** 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.