## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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*  PHILLIPS JONATHAN R |   |  |  |                           |                          | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ] |   |   |   |               |                     |   |  |                   |  | tionship of Reportin<br>all applicable)<br>Director<br>Officer (give title |   | g Person(s) to Issuer  10% Owner  Other (specif                   |                       | wner   |  |  |
|---|---|--|--|---------------------------|--------------------------|---|---|---|---|---------------|---------------------|---|--|-------------------|--|--|---|---|-----------------------|--|--|--|
| (Last)<br>792 CHA   | ast) (First) (Middle) 92 CHATHAM AVENUE                               |  |  |                           |                          | 3. Date of Earliest Transaction (Month/Day/Year) 08/19/2014                           |   |   |   |               |                     |   |  |                   |  | below)   |   | below)  |                       |  |  |  |
| (Street) ELMHUI   |   |  | 50126<br>Zip)                                |                           | 4. If                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)                              |   |   |   |               |                     |   |  |                   | 6. 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 - Noi                                    | n-Deriv                   | ative                    | Sec   | curitie   | es Acc  | quired,                                 | Dis           | posed o             | f, or   | Bene                                     | fici              | ially  | Owne   | ed  |   |                       |  |  |  |
| Date  |   |  |  | Date                      | Date (Month/Day/Year) if |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |               |                     |   |  |                   | 4 and Secu<br>Bene<br>Owne   |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |
|   |   | Code                                       | v  | Amount                    |                          |   |   |   | (                                       | A) or<br>D)   | Pric                | e   | Reported Transaction(s) (Instr. 3 and 4) |                   |  |  | (111511.4)  |   |                       |  |  |  |
| Common  | Stock \$.01   | Par Value                                  |  | 08/19                     | )/2014                   |   |   |   | A <sup>(1)</sup>                        |               | 18,300              | 6   | A  | \$ <mark>0</mark> | .00  | 40   | )2,498  |   | D                     |  |  |  |
| Common  | Stock \$.01   | . Par Value                                |  |                           |                          |   |   |   |   |               |                     |   |  |                   |  | 1  | 0,000   |   | Owned<br>by<br>Spouse |  |  |  |
|   |   | Та   | able II - I<br>)                             | Derivat<br>e.g., pu       | ive Souts, c             | ecui<br>alls,   | rities<br>, warr  | Acqui   | ired, D<br>option                       | ispo<br>s, co | sed of,<br>onvertib | or B  | enefi<br>ecurit                          | cial<br>ies)      | ly O   | wned   |   |   |                       |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date, Transac<br>Code (In |                          |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disp<br>of (D       | vative<br>urities<br>uired<br>or<br>osed<br>o)<br>r. 3, 4 | 6. Date E<br>Expiratio<br>(Month/D      | n Date        | е                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |  | str. 3            | Deri<br>Sec  | Price of<br>rivative<br>curity<br>str. 5)                                  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst              | Ownership             | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |  |                           | Code                     | code V  |   | (D)   |   |               | Expiration<br>Date  | Title   | Amo<br>or<br>Nun<br>of<br>Sha            | ber               |  |  |   |   |                       |  |  |  |

## **Explanation of Responses:**

1. Grant of restricted stock that vests in full on the earlier of (i) August 19, 2015 and (ii) the date of, and immediately prior to, the Company's 2015 annual meeting of stockholders.

## Remarks:

Jack W. Kennedy Jr., Attorney in Fact

08/21/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.