FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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	Check this box if no longer subject
	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

							` '				<u> </u>									
Name and Address of Reporting Person* Green Wyche T III						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) $\frac{X}{} \text{Director} \qquad \qquad 10\% \text{ Owner}$					
,			1110	IINC. [STRIVI]										er (give title		Other (specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									A below) below) President & CEO					
11800 AMBERPARK DRIVE					05/20/2023								_	President & CEO						
STE 125						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														- 1	,	filed by On	ne Rep	oorting Pers	son	
ALPHARETTA GA 30009														Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)						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.																			
		Table	I - No	n-Derivat	ive S	ecur	ities	Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			es Acquired (A) or Of (D) (Instr. 3, 4 ar			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount (A) or))	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock, \$0.01 par value 05/20/20					023			F		15,865 ⁽¹	.5,865 ⁽¹⁾ D		\$1.5	7 98	8,646		D			
Common Stock, \$0.01 par value														1,047,682			I	Refer to footnote.		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		ction nstr.			6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f [5]	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of	ount mber						

Explanation of Responses:

- $1. \ Surrender \ of \ stock \ upon \ vesting \ of \ restricted \ stock \ to \ satisfy \ tax \ withholding \ obligations.$
- 2. The securities are held in the account of 121G, LLC (the "Holder") and may be deemed to be beneficially owned by Wyche "Tee" Green, III, the managing member of the Holder.

Remarks:

/s/ Thomas J. Gibson, attorney-in-fact

05/24/2023

** 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.