FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	hurden								

0.5

hours per response:

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

											прапу Аст											
1. Name and Address of Reporting Person*  LOMBARDO ERIC					ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]									5. Relationship of Reportir (Check all applicable) Director			Ü	X 10% C	wner		
(Last) (First) (Middle) 7173 ROYALGREEN DR.						3. Date of Earliest Transaction (Month/Day/Year) 11/07/2007										Officer (give title below)		Othe belov		(specify		
(Street) CINCINI (City)			15244 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Lit											dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	า-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, o	r Ber	nefici	ally C	wne	ed					
Date					Execut Day/Year) if any			A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)					, 4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount		(A) or (D)	Pric	. 11	Reported Transaction(s) (Instr. 3 and 4)				(1150.4)						
Common Stock 11/07/							2007		S		3,100	)	D	\$3	3.1	1,543,444			D			
Common Stock 11/08/						2007			S		9,782	2	D	\$3	.09	9 1,533,662			D			
Common Stock 1:				11/09	9/2007				S		1,000		D	\$3	.12	2 1,532,662		D				
		Та	able II - I								sed of, onvertib					ned						
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise (Month/Day/Year) Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)	Instr.	on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirati (Month/	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Instr. and 4)		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

**Explanation of Responses:** 

Eric S. Lombardo

11/09/2007

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).