Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 | |
|---------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | 0.5 | | | | | | | |

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>Lucio Wendy L</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | | | k all app Direct Office | tor er (give title | ng Pei | rson(s) to Is 10% O Other (| wner | | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|------|--------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------|--------|------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|--------------------------------------------------|-------------------|-------------|----|
| (Last) 2400 OL BOX 133 | | st) (I I PARKWAY | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2022 | | | | | | | | A | belov | v) Chief Pec | ple (| below) Officer | | |
| (Street) ALPHA | RETTA GA | | 80009 Zip) | | 4. If A | Amend | ment, | Date o | f Origina | al Filed | d (Month/Da | y/Year |) | 6. Ind Line) X | Form | r Joint/Grou filed by On filed by Mo on | e Rep | orting Pers | on |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | 4 and Securi Benefi | | ties cially Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | v | Amount | nt (A) or F | | rice | Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Common Stock, \$0.01 par value 11/01/2 | | | | 2022 | | A | | 50,000 | A \$ | | \$1.81 | 81 231,300 | | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) Price of Derivative Security | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

Remarks:

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

11/01/2022

** 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.