FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington

•		_/\\\	 ••••••	
n,	D.C. 2	20549		

OMB APPROVAL OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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*  Starkey Judith						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]							<u>s</u>		tionship of Reportir all applicable) Director		10% O		wner
(Last) 2400 OL	(Last) (First) (Middle) 2400 OLD MILTON PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 07/18/2024										Officer (give title below)		Other (s below)	specify
BOX 1353					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(0)														1					
(Street) ALPHARETTA GA 30009														Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rul	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-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,		Oate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne		cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	or Pr	Duine   Tr		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, \$0.01 par value 07/18/2					.024			<b>A</b> <sup>(1)</sup>		250,000(1	) A		\$0.5		137,311		D		
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	Conversion or Exercise (Month/Day/Year)   Execution Date, fransaction of Code (Instr. Price of Derivative   (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Secution Date, if any (Month/Day/Year)   Execution Date, if any (Month/		r osed ) :. 3, 4	Expiration Date (Month/Day/Year)  Amount of Securities Underlying Derivative Security (In 3 and 4)				nt of ties lying tive ty (Inst 4)			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code			Date Exercis	sable	or Num Expiration of		Numbe	er						

## **Explanation of Responses:**

1. Grant of shares of restricted stock that vest in full on the earlier of (i) July 18, 2025 and (ii) the date of, and immediately prior to, the issuer's 2025 annual meeting of stockholders, subject to the reporting person's continuous service through such vesting date.

> /s/ Bryant J Reeves III, attorney-in-fact

07/19/2024

\*\* 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.