FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

Name and Address of Reporting Person* Gibson Thomas J. (1.22) (1.22)					ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% O					Owner	
						aron [ortan]									X Office below				Other (below)	(specify	
(Last) (First) (Middle) 1175 PEACHTREE ST NE 10TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019									Chief Financial Officer						
					_ 4. If	Ame	endment	, Date o	f Origina	l Filed	d (Month/Da	ay/Yea	ar)		. Indiv ine)	idual o	r Joint/Group	Filing (Cl	neck A	pplicable	
(Street) ATLANT	TA GA	4 3	30361												X	Form	n filed by On	e Reportin	g Pers	on	
			,0001		-											Form Pers	n filed by Mo on	re than Or	e Rep	orting	
(City)	(St	ate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			4 and Sec Ben Owr		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Price	e	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock, \$0.01 par value 02/01/.					/2019						50,000	50,000 A S		\$0.	0.00 175,000		75,000	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	4. Transaction Code (Instr. 8)		ı of		6. Date Exercisab Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber res							

Explanation of Responses:

1. Represents an inducement award of restricted stocks granted outside the Streamline Health Solutions, Inc. Amended and Restated 2013 Stock Incentive Plan, which will vest, assuming continued employment, in equal installments on each of the first three anniversaries of the date of the grant.

Remarks:

02/04/2019 /s/ Thomas J. Gibson

** 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.