FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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* Sides David William (Last) (First) (Middle) 1175 PEACHTREE STREET NE, 10TH FLOOR					3. D	Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019										olicable) ctor er (give title w)	e C	0% Owner Other (specify elow)	wner (specify
(Street) ATLANT (City)			30361 (Zip)		4. If	Amen	dment,	Date o	of Origina	al File	d (Month/Da	Line	e) <mark>X</mark> Forn	n filed by O	ne Reporting	g (Check Applicable orting Person n One Reporting			
		Tab	le I - No	n-Deriv	/ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or E	enet	icial	ly Own	ed			-
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		5)			5. Amount of 4 and Securities Beneficially Owned Following Reported			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pr	ce	Transac (Instr. 3	tion(s) and 4)			
Common Stock, \$0.01 par value			06/17/2019					S		51,095	D	\$	1.77	392	392,223		Owned in trust controlled by and for the benefit of the reporting person		
Common Stock, \$0.01 par value			06/18/2019				S		672	72 D		1.71	391,551		I	Owned in trust controlled by and for the benefit of the reporting person			
Common Stock, \$0.01 par value			06/19/2019				S		11,551	D		1.7 ⁽¹⁾	380,000		I	Owned in trust controlled by and for the benefit of the reporting person			
Common Stock, \$0.01 par value			06/19/2019					S		16,204	D	\$	1.7 ⁽²⁾	189	9,796	I	Owned in Individual Retirement Account		
Common Stock, \$0.01 par value															225	5,000	D		
		T									osed of, convertib				Owned				
Derivative Conversion Date Security or Exercise (Month/Day/Year) i		3A. Deer Execution	Deemed 4. ution Date, Trans		ction	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		8 0	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	(D) Beneficial Ownership rect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

^{1.} The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.70 to \$1.71, inclusive. The Issuer will upon request by the Staff of the U.S. Securities and Exchange Commission or a security holder of the Issuer provide the full information regarding the number of shares sold at each separate price.

^{2.} The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.70 to \$1.705, inclusive. The Issuer will upon request by the Staff of the U.S.

Securities and Exchange Commission or a security holder of the Issuer provide the full information regarding the number of shares sold at each separate price.

/s/ Luciana Mullen, Attorney in 06/19/2019

** 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.