FORM 4

## **UNITED STATES SECUR**

Washington, D.C. 20549

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Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

	Check this box if no longer subject to
	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response	e: 0.5								

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
Name and Address of Reporting Person*     Stilwill Benjamin Louis					2. Issuer Name <b>and</b> Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]							Relationship of Reporting Person(s) to Is (Check all applicable)     Director 10% Ov							
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									<b>V</b>	Officer (give title below)  Presider			Other (s below)	specify
2400 OLD MILTON PARK WAY BOX 1353					09/20/2024														
(Street) ALPHARETTA GA 30009					4. If F	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	•				
(City)	(St	ate) (	Zip)												Perso	л			
		Table	l - No	n-Deriva	tive S	Secu	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,		3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (I 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V		Amount	(A) (D)	or Price		Transaction(s) (Instr. 3 and 4)				(instr. 4)	
Common Stock, \$0.01 par value 09/20/2					2024		P		6,300(1)	A	\$	0.16	611,576		D				
Common Stock, \$0.01 par value																52		I	Includes shares owned by spouse.
		Та									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	vative derivative sirity Securities	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Evercis	ahlo	Expiration	Title	Amour or Number of	er					

## **Explanation of Responses:**

1. The reported securities represent shares owned directly by Mr. Stilwill through an open market stock purchase.

/s/ Benjamin L. Stilwill 09/24/2024

\*\* 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.

 $<sup>^{\</sup>star}$  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).