# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Īr

					0	r Sect	ion 30(n)	of the	e inv	estment	Cor	npany Act o	of 1940		_						
1. Name and Address of Reporting Person* PHILLIPS JONATHAN R					<u>S</u>	2. Issuer Name and Ticker or Trading Symbol <u>STREAMLINE HEALTH SOLUTIONS</u>										ck all applic	able)	g Pers	Person(s) to Issuer		
						INC. [ STRM ]										Directo			10% Ov	-	
(Last)	(F												below)	Officer (give title below)		Other (s below)	specity				
(Last) (First) (Middle) 792 CHATHAM AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/23/2007															
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
ELMHURST IL 60126															X Form filed by One Reporting Person						
																Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)													Person	I				
		Tal	ole I - Nor	Dori	Votiv		ouritio			uirod I		noood o	f or Do	nof	ioiolly	( Ownod					
			Sie I - Nor						<u> </u>	-	JIS				-						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ction 2A. Deemed Execution Date			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						5. Amou Securitie	s Form		: Direct	7. Nature of Indirect		
					n/Day/Y	ear)	if any (Month/Day/Yea		ar) 8)			. 5)				Owned F	Beneficially Owned Following		str. 4)	Beneficial Ownership	
									ŀ	Code	v	Amount	(A) or		Price	Reported Transact				(Instr. 4)	
										Code	v	Amount	Amount (A) or (D)		Price	(Instr. 3 a	(Instr. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g.,	puts,	, cal	s, warı	rants	s, o	option	s, c	onvertik	ole secu	uriti	es)						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme		4. Transaction		5. Number		6. Date Exercisab Expiration Date				7. Title and Am of Securities		mount	8. Price of Derivative	9. Numbe		10. Ownership	11. Nature of Indirect	
Security					Code (		Derivative		(Month/Day/Year) Underlying Derivative Sect (Instr. 3 and 4)						Security	Securities Beneficially Owned		Form: Direct (D) or Indirect	Beneficial		
(Instr. 3)					8)		Securit Acquire							(Instr. 5)	Ownership (Instr. 4)						
	Security					(A) or Disposed							-		Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)				
							of (D) (Instr. 3, 4 and 5)														
								, 	<u> </u>		Т		<u> </u>	Ar	nount						
														or							
					Code	v	(A)	(D)	Dat	te ercisable		Expiration Date	Title	of							
		l				-	(*)				+		Common	-						+	
Stock	\$4.35	05/23/2007			А		10,000		05/	/23/2008 <sup>(</sup>	1)	05/23/2017	Stock		0,000	\$4.35	10,00	0	D		
Option													\$.01 Par Value								

#### Explanation of Responses:

1. These options vest in 3 equal traunches beginning one year from the grant date per the following schedule: 3,333 shares become exercisable on 5/23/08; 3,333 shares on 5/23/09; and the remaining 3,334 shares on 5/23/10.

## **Remarks:**

### Donald Vick, by power of atty. 05/24/2007

\*\* 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.