FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
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

												<u>' '</u>											
1. Name and Address of Reporting Person*  LOMBARDO ERIC							2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]										k all app Dired		ng Per	( 10% C	)wner		
(Last) (First) (Middle) 7173 ROYALGREEN DR.							ate c 20/2		st Tran	saction	Month	/Day/Year)			Offic belov	er (give title w)		Other below)	(specify				
(Street) CINCINNATI OH 45244 (City) (State) (Zip)						4. If	Line											ndividual or Joint/Group Filing (Check Applicable b)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table	e I - Nor	า-Deriv	ative	Se	curitie	es Ac	quire	d, Dis	sposed o	of, o	r Ber	efici	ally	Owne	ed					
Dat					Date	Date		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Sec Ber Ow		Amount of curities neficially wned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
											e V	Amount		(A) or (D)	Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			11/20	/2006				S		1,500	)	D	\$5	.18	1,766,505			D				
Common	Stock	11/21	/2006				S	T	3,000	)	D	\$5.18		1,763,505			D						
Common	11/22	/2006				S		12,00	0	D	\$5.29		1,751,505			D							
			Та									osed of, onvertib					wned						
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution curity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		nstr. 3	Der Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C O	.0. Ownership Form: Orm: Or Indirect Or Indirect Or (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Eric S. Lombardo

11/24/2006

\*\* 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> 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).