FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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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* TURNER ANDREW L (Last) (First) (Middle) 4121 W. DRAVUS STREET (Street) SEATTLE WA 98199 | | | | | | Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] Date of Earliest Transaction (Month/Day/Year) 12/17/2009 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | | | 10% Owner | | |
|---|--|-----------|------|--------------------------|---|---|---|--|--------|-------------------------------------|---------------|---|---|------------------------------------|---|--------|--|------------|--|--|
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | r) ! | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benef | | icially d Following | For (D) | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | | (A) or (D) | or Price | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common | Stock \$.01 | Par Value | | 12/17 | /2009 | 2009 1 | | 12/17/2009 | | | 10,080 | (1) | A | \$2 | 2.48 | 30,600 | | | D | |
| Common Stock \$.01 Par Value | | | | | | | | | | | | | | | 2 | | 2,000 | | I | By Spouse |
| | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | n Date, ay/Year) - | 4. Transaction Code (Instr. 8) | | n of Der Sec Acc (A) Dis of (| of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | ıt r | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. These shares of resticted stock were granted pursuant to the 2005 Incentive Compensation Plan, and will vest on December 17, 2010 conditioned upon the director serving the associated full term.

Remarks:

Donald Vick, by power of Atty. 12/17/2009

** 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.