FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFIC	IAL OWNERSH	IΡ

	OMB APP	ROVAL									
	OMB Number: 3235-02										
	Estimated average burden										
-											

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*  Etheridge Matthew				2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]							(Check all app		blicable) ctor		erson(s) to Issuer 10% Owner				
(Last) 2400 OL	(Fii D MILTON	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2024									Office below	er (give title /)		Other (s below)	specify	
BOX 13:	53				4. If A						6. Individual or Joint/Group Filing (Check Appli Line)								
(Street)													X	X Form filed by One Reporting Person Form filed by More than One Reporting				- 1	
, ,	IARETTA GA 30009														Perso		re tnan	One Repo	orting
(City)	(St	ate) (2	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
									Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							nded to			
	tive S	re Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution D		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Sec Ben Owi		cially I Following	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	ce		ed ction(s) 3 and 4)		[	(Instr. 4)
Common Stock, \$0.01 par value 02/07/2			02/07/2	024	24 A 200,000 <sup>(1)</sup> A \$0.3			0.34	.34 463,158			D							
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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   C	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share		r					

## Explanation of Responses:

1. Represents an award of restricted stock which vests in full on the earlier of (i) June 13, 2024 and (ii) the date of, and immediately prior to, the Issuer's 2024 Annual Meeting of Stockholders.

/s/ Bryant J. Reeves, III, as Attorney-in-Fact 02/08/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.