FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
-1	haura nar raananaa	0.5								

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* <u>LOMBARDO ERIC</u>				ST	2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2007									Check all a Dir	ector	X 1	10% Owner			
(Last) 7173 RO	ast) (First) (Middle) 173 ROYALGREEN DR.														icer (give title ow)	Other below		specify		
(Street) CINCINI			15244 Zip)		4. If	Ame	endment,	, Date of	of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	າ-Deri\	ative/	Se	curitie	s Acq	quired,	Dis	posed o	f, or	Bene	fici	ally Owi	ned				
1. Title of Security (Instr. 3)			Date (Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) oı 3, 4 a	nd Secu Bend Own	nount of irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount		A) or D)	Price	Tran	saction(s) r. 3 and 4)							
Common Stock (/10/2007				S		5,000)	D	\$5	.9 1	1,714,505				
Common Stock				01/12/2007				S		200		D	\$5	9 1,714,305		D				
		Та	ble II - C								sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Tr	Transa	Transaction Code (Instr.		ı of l		xercis n Date ay/Yea		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	vnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha							

Explanation of Responses:

Eric S. Lombardo

01/12/2007

** 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.