FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|

| OMB APPRO | DVAL |
|------------------------|-----------|
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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* Patsy Sharon B (Last) (First) (Middle) 5019 PARKVIEW COURT (Street) CENTERVILLE OH 45458 (City) (State) (Zip) | | | | | 3. D 01/0 4. If | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2007 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|---|--|--|-----------|-------------------------------|--|----|--|--|---|----------|--|-------|---|--|---|---|--|--|--|
| 1. Title of Security (Instr. 3) 2. Trans Date | | | | 2. Transa | Execution Date, | | | 3. Transa Code (| ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock 01/03 | | | | | /2007 | | | S | | 300 | | D | \$5.8 | 3 1,0 | 1,083,745 | | D | | | |
| Common Stock 0 Common Stock | | | | 01/05 | 2007 | | | S | | 6,000 | | D | \$5.7 | 5 1,0 | 1,077,745 | | I | Custodian for Children | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D. | n Date, | 4. Transa Code (I 8) | | of | rities ired r osed) : 3, 4 | 6. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Expir Exercisable | | e ar) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Numbe of Shares | | unt | 8. Price of Derivative Security (Instr. 5) | erivative derivative ecurity Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ Bridget C. Hoffman, 01/05/2007 attorney-in-fact for Sharon B. **Patsy**

** 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.