FORM 4

Check this box if no longer subject

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  Salisbury Randolph  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify below) below)					
` ′	,	K DRIVE SUIT	,			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2022								SVP,Chief Sales & Mktg Officer					
(Street)	RETTA GA	Δ 3	0009		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(Sta	ate) (2	Zip)											Per				, ,	
			I - No					Acc		d, Dis	sposed of			<del>-</del>		1	1	_	
D D			Date (Month/Day/Year)				3. Transaction Code (Instr. 8)							Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transa	Transaction(s) (Instr. 3 and 4)		(III)		
Common Stock, \$0.01 par value 03/04			03/04/20	22			F		8,850(1)	D	\$1.3	8 29	296,723		D				
Common Stock, \$0.01 par value												90	90,810		I	Owned in Individual Retirement Account			
		Tal	ble II								oosed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Secution Date, if any (Mon		5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expiration Date (Month/Day/Year) Amount of Securities Underlyin Derivative Security (3 and 4)					8. Price o Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)				
	n of Responses:					v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

 $1. \ Surrender \ of \ stock \ upon \ vesting \ of \ restricted \ stock \ to \ satisfy \ tax \ withholding \ obligations.$ 

## Remarks:

/s/ Randolph Salisbury

03/08/2022

\*\* 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.