FORM 4

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 | | | | | | | | | |
| hours per respons | | | | | | | | | |

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* Stilwill Benjamin Louis (Last) (First) (Middle) 2400 OLD MILTON PARKWAY BOX 1353 (Street) ALPHARETTA GA 30009 | | | | | Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] Date of Earliest Transaction (Month/Day/Year) 02/14/2024 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) President and CEO 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person Perso | | | | |
|--|--|------------|------------------------|----------|---|--|--|------------------|----------------------------|--|----------|----------------------------|---|---|---|---|--|------------|
| (City) | (Sta | ate) (2 | Zip) | | 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Aca | uired | Dis | posed of | or F | Bene | ficially | , Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Tra | | 2. Transac | . Transaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) | | | A) or | or 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | ection(s) 3 and 4) | | (Instr. 4) |
| Common Stock, \$0.01 par value 02 | | | | 02/14/2 | 2024 | | | F ⁽¹⁾ | | 10,821(1) |) I |) | \$0.51 | 1 | | D | | |
| Common Stock, \$0.01 par value | | | 04/01/2024 | | | | F ⁽¹⁾ | | 18,327(1) | D |) | \$0.48 | 605,276 | | D | | | |
| Common Stock, \$0.01 par value | | | | | | | | | | | | | | | 52 | I | Includes shares owned by spouse. | |
| | | Tal | ble II - | | | | | | | | osed of, | | | | Owne | d | , | |
| Security (Instr. 3) Pr | 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) | | 4. Transa Code (| ction | 5. Nu | vative viities vired r osed) | options, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year) | | isable and te ear) | 7. Title and Amount of Securities Underlying Derivative Security (Inst: 3 and 4) Amour or Numbe | | 8. F Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership t (Instr. 4) | | |

Explanation of Responses:

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

/s/ Benjamin Stilwill

08/15/2024

** 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.