SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* 2. Date of Event Requiring Statement (Month/Day/Year)   05/15/2013			3. Issuer Name and Ticker or Trading Symbol <u>STREAMLINE HEALTH SOLUTIONS INC.</u> [ STRM ]					
	4. Relationship of Report (Check all applicable) Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
	A below)		below)		pplicable Line)	/Group Filing (Check y One Reporting Person		
					Form filed b Reporting P	y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		Beneficially Owned (Instr. 4) Form: Direct		:t (D)   (In	(D) (Instr. 5)			
Table II - Derivative Securities Beneficially Owned       (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)   2. Date Exercisable Expiration Date (Month/Day/Year)			ity (Instr. 4) Conve or Exe		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Date Expira Exercisable Date	tion Title							
	Requiring Statement Month/Day/Year)     D5/15/2013     Fable I - Non-Derivation     Table II - Derivation     g., puts, calls, wait     2. Date Exercisable at Expiration Date (Month/Day/Year)     Date   Expiration	Requiring Statement Month/Day/Year) D5/15/2013   STREAMLINE I 4. Relationship of Report (Check all applicable) Director X     4. Relationship of Report (Check all applicable) Director X   Officer (give title below)     Chief Accord     Fable I - Non-Derivative Securities Beneficially Owned (Instr Beneficially Owned (Instr g., puts, calls, warrants, options, conv     2. Date Exercisable and Expiration Date (Month/Day/Year)   3. Title and Amount of Underlying Derivativ     Date   Expiration	Requiring Statement Month/Day/Year) D5/15/2013   STREAMLINE HEALT     A. Relationship of Reporting Person (Check all applicable) Director   A. Relationship of Reporting Person (Check all applicable) Director     X   Officer (give title below)   Chief Accounting O     Fable I - Non-Derivative Securities Beneficially   A. Amount of Securities Beneficially Owned (Instr. 4)   A. Amount of Securities Beneficially Owned (Instr. 4)     Table II - Derivative Securities Beneficially O g., puts, calls, warrants, options, convertible s   A. Title and Amount of Security Underlying Derivative Security     2. Date Exercisable and Expiration Date (Month/Day/Year)   A. Title and Amount of Security	Requiring Statement Month/Day/Year) D5/15/2013   STREAMLINE HEALTH SOLU     4. Relationship of Reporting Person(s) to Issue (Check all applicable)     Director   10% Owner     X   Officer (give title below)   Other (spe below)     Chief Accounting Officer     Image: State of the securities is the security is the security in the security is the securities is the security is the securities is the securities is the securities is the security is the securities	Requiring Statement Month/Day/Year) D5/15/2013   STREAMLINE HEALTH SOLUTIONS     4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director   10% Owner     V   Officer (give title below)   Other (specify below)     Chief Accounting Officer   6 A     Fable I - Non-Derivative Securities Beneficially Owned (Instr. 5)   3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)   4. (In Graphic (Instr. 4)     Table II - Derivative Securities Beneficially Owned g., puts, calls, warrants, options, convertible securities (Month/Day/Year)   3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)   4. Conversion or Exercise Price of Derivative Security     2. Date Exercisable and Expiration Date (Month/Day/Year)   3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)   4. Conversion or Exercise Price of Derivative Security	Requiring Statement Month/Day/Year)   STREAMLINE HEALTH SOLUTIONS INC. [STRM Month/Day/Year)     05/15/2013   A. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director   5. If Amendment, Day (Month/Day/Year)     0 A. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director   10% Owner     0 Month/Day/Year)   0 Other (specify below)   5. If Amendment, Day (Month/Day/Year)     Chief Accounting Officer   6. Individual or Joint Applicable Line)     X   Form filed b Reporting P     Fable I - Non-Derivative Securities Beneficially Owned   3. Ownership Form: Direct (I) (Instr. 5)   4. Nature of Indirect (Instr. 5)     Table II - Derivative Securities Beneficially Owned g., puts, calls, warrants, options, convertible securities (Month/Day/Year)   3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)   4. Conversion or Exercise Price of Derivative Security   5. Ownership Form: Direct (D) or Indirect (D) or Indirect (D) or Indirect (D) or Indirect (D) or Indirect (D) or Indirect (D)		

No securities are beneficially owned.

<u>Carolyn Zelnio</u>

05/24/2013

Date

\*\* Signature of Reporting Person

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 5 (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.