FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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* <u>Gibson Thomas J.</u>							2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]								5. Relationship of Reporting Pers (Check all applicable) Director			Owner	
(Last)	(Ei										_	X Officer (give title below)		belo	er (specify w)				
(Last) (First) (Middle)  1175 PEACHTREE ST NE  10TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 08/01/2019								Chief Financial Officer				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) ATLANTA GA 30361			30361												X Form filed by One Reporting Person				
AILANIA GA 30301					-										Form filed by More than One Reporting Person				
(City)	(St	ate) (	Zip)																
		Tabl	e I - No	n-Deriv	/ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,		Transaction Disposed Of (D) Code (Instr. 5)			s Acquired (A) or of (D) (Instr. 3, 4 and		d Sed Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
						Code	v	Amount		(A) or (D)	Price	Trai	nsaction(s) tr. 3 and 4)		(Instr. 4)				
Common Stock, \$0.01 par value 08/01/2							2019		A		75,000	(1)	A \$0.00		00	0 250,000			
		Та									osed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber					

## **Explanation of Responses:**

1. Represents an award of Restricted Stock granted outside the Streamline Health Solutions, Inc. Second Amended and Restated 2013 Stock Incentive Plan to the Reporting Person on August 1, 2019, which vests, assuming continued employment, in four substantially equal installments on November 1, 2019, February 1, 2020, May 1, 2020 and August 1, 2020.

## Remarks:

/s/ Thomas J. Gibson

08/02/2019

\*\* 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.