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 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 [*] Nelli Richard						2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]									heck all a	hip of Reportir pplicable) ector icer (give title	ıg Perso	Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 4433 JETT RD.						3. Date of Earliest Transaction (Month/Day/Year) 08/21/2014										Sr. Vice President,		below)	
(Street) ATLANT			30327 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo Fo	al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or I	3en	eficia	lly Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 8)					d 5) Sec Ben Owr	5. Amount of Securities Beneficially Owned Following Reported		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Trar	Transaction(s) Instr. 3 and 4)			(11341.4)
Common Stock \$.01 Par Value 08/21/2							.014		P ⁽¹⁾		2,000	A \$4		\$4.28	328	2,000)	
		Та									sed of, onvertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			n Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price o Derivative Security (Instr. 5)		Ow For Dire or I (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	of Sha						

Explanation of Responses:

1. These shares were acquired by the reporting person in a private transaction.

Remarks:

Jack W. Kennedy Jr., Attorney in Fact

08/25/2014

** 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.