FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL							
	OMB Number: 3235-0287							
	Estimated average burden							
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*  Green Wyche T III			2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [ STRM ]								Relationship of Reporting Per (Check all applicable)     X Director				10% Owner			
(Last) 11800 A STE 125	(Fir MBERPAR	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021								X Officer (give title Other (specify below)  President & CEO					ресіту
(Street) ALPHARETTA GA 30009			4. If <i>i</i>	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 Person							
(City)	(50		L Non Doriva	+i (		itioo	Λ		Dia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • •	Danafia	ially Or					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			2A. Exe r) if a	2A. Deemed Execution Date,		3. Transaction Code (Instr.		Disposed of, or Benef 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Cod	e v	Amo		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock, \$0.01 par value 03/04/			03/04/2021			A		150	0,000(1)	A	\$0.00	651,650 D		D				
Common Stock, \$0.01 par value													Refer to footnote. (2)(3)(4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	Expiration (Month/Datities red seed 3, 4			oiration Date Am onth/Day/Year) Se Un De Se		tle and bunt of urities erlying vative urity (Instr. d 4)	Derivative Security (Instr. 5)		9. Number of derivative Securities Becurities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A) (D)		Date Exercisa		Expiratior Date	n Title	or Number of	1					

## **Explanation of Responses:**

- 1. Grant of restricted stock, which will vest, assuming continued employment, in four substantially equal installments on June 04, 2021, September 04, 2021, December 4, 2021, and March 04, 2022.
- 2. Includes 250,000 shares issued pursuant to an underwritten public offering of Streamline Health Solutions, Inc. common stock, par value \$0.01 per share. The price to the public in the offering was \$1.60 per share of common stock.
- 3. Includes 343,137 shares purchased from the Issuer in connection with a private placement transaction consummated on October 16, 2019.
- 4. The securities are held in the account of 121G, LLC (the "Holder") and may be deemed to be beneficially owned by Wyche "Tee" Green, III, the managing member of the Holder.

## Remarks:

/s/ Thomas J. Gibson, attorney-in-fact

03/05/2021

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 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.