Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
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OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Salisbury Randolph | | | | | | 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] | | | | | | | | Check all app Direct Office | blicable) ctor er (give title | | 10% Owner Other (specif | | er | |
|--|--|-------------------------|---------------------------------|-----------------|--|---|-------------|---|-------------------------------|---|--------------------|---|---|--|---|--|---|---|----|--|
| (Last) 11800 A | (Fii MBERPAR | rst) (M K DRIVE SUIT | Middle) E 125 | | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2020 | | | | | | | | | SVP,Chief Sales & Mktg Officer | | | | | | |
| (Street) ALPHAI (City) | RETTA GA | | 50009 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day) | Year) Execution | | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact | Transaction(s) (Instr. 3 and 4) | | | | (11301. 4) | | |
| Common | Common Stock, \$0.01 par value 09/17/20 | | 020 | 20 | | | F | | 7,525(1) | D | \$1.6 | 9 273 | 273,023 | | D | | | | | |
| Common Stock, \$0.01 par value | | | | | | | | | | 90, | 90,810 | | I | | Owned in Individual Retirement Account | | | | | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | | d | | , | | | |
| | | | | Transa Code | ransaction ode (Instr. Der Sec Acc (A) Dis of (i | | sed 3, 4 | Expira | te Exer ation D th/Day/ | | | nt of ities lying itive ity (Instr. | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership t (Instr. 4) | | |
| Fundamentia | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

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

Remarks:

/s/ Randolph Salisbury

09/21/2020

** 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.