FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0								

	tion 1(b).	nuc. See		Filed	l pursu or S	ant to Section 3	ection 16(a 0(h) of the) of the Investm	Secur ent C	ities Exchang ompany Act o	je Act of of 1940	1934		not	urs per r	esponse:		0.5
1. Name and Address of Reporting Person* Salisbury Randolph (Last) (First) (Middle) 11800 AMBERPARK DRIVE SUITE 125				3. Da	Stream Inc. [Strm] 2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM] 3. Date of Earliest Transaction (Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP,Chief Sales & Mktg Officer						
(Street)	RETTA GA	A 3	0009 Zip)										Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - N	on-Deriva	tive	Secur	ities Ac	quire	d, Di	sposed of	, or Be	enefici	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)			d (A) or r. 3, 4 and	Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(1115	.,
Common	Stock, \$0.0)1 par value		09/04/20	/2021 F 7,525 ⁽¹⁾ D \$1.76 316,100 D		D											
Common Stock, \$0.01 par value										90,810		I		Owned in Individual Retirement Account				
		Tal	ole II							oosed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	1. Title of Derivative Conversion Date Execution Date, of Execution Date, if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficie Owned Followin Reporter Transact (Instr. 4)	ve es Form: ially Direct (or Indir ng d tion(s)		nip () ct	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

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

Remarks:

/s/ Randolph Salisbury

Number

Title

09/09/2021

** 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.

(A) (D) Date Exercisable

Expiration Date