Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLI Form 4 August 25, 2	NE HEALTH S	OLUTION	NS INC.								
FORM									OMB AF	PROVAL	
		STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	10t							Expires:	January 31, 2005		
subject to Section 1 Form 4 o	5 SIAIE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Estimated average burden hours per response 0		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							0.0				
(Print or Type I	Responses)										
Rickard Lois Elizabeth Symbol STREA							5. Relationship of Reporting Person(s) to Issuer				
			AMLINE HEALTH FIONS INC. [STRM]				(Check all applicable)				
				of Earliest Transaction Day/Year) 2014				Director 10% Owner X Officer (give title Other (specify below) below) SVP & Chief People Officer			
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)					
ATLANTA, GA 30309								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Aca	uired, Disposed of,	or Beneficiall	v Owned	
1.Title of	2. Transaction Dat	e 2A Deen		3.	4. Securi		-	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)		n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, \$.01 Par Value	08/21/2014			P <u>(1)</u>	3,000	A	\$ 4.2828	3,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	4. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Rickard Lois Elizabeth 1230 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309			SVP & Chief People Officer				
Signatures							
Jack W. Kennedy, Attorney in Fact	08/	25/2014					
**Signature of Reporting Person		Date					
Evalenction of Door	0000						

Explanation of Responses:

- * 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).
- (1) These shares were acquired by the reporting person in a private transaction.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.