## Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLIN Form 4 July 10, 2015	NE HEALTH SOI	LUTIONS 1	INC.							
FORM Check thi	<b>4</b> UNITED S	Washington, D.C. 20549								
if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	5. 5. Filed purs <sup>15</sup> Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							January 31 Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R										
1. Name and Address of Reporting Person <u>*</u> Rickard Lois Elizabeth			2. Issuer Name <b>and</b> Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1230 PEACI NE, SUITE (	(M	3. Date of Earliest Transaction (Month/Day/Year) 07/08/2015				Director      10% Owner        Officer (give title      Other (specify below)         SVP & Chief People Officer				
(Street) ATLANTA, GA 30309			4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State) (2	Zip)	Table	I - Non-De	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$.01 par value							12,800 <u>(1)</u>	D		
Reminder: Repo	ort on a separate line f	for each class	of securi	ities benefic	cially owne	ed 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)8(Instr. 3 and 4)9	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 2.58	07/08/2015		A	15,000	(2)	07/07/2025	Common Stock, \$.01 par value	15,000
Repo	rtina O	wners							

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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 Jr., Attorney		07/10/2015					

in Fact

Date

## **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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).
- Includes 5,800 shares of restricted stock that vest in full on March 25, 2016, subject to the reporting person's continued service with the (1) issuer through such date.
- The stock options shall vest and become exercisable in thirty-six substantially equal monthly installments commencing on August 8, (2) 2015, subject to the reporting person's continued employment over such thirty-six month period.

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.